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ABSTRACT OF AN ADDRESS.

Delivered at the Opening of the Nineteenth Annual Meeting of the Medical Society of the State of California, April, 1889.

By JAMES SIMPSON, M. D. President, San Francisco.

The speaker having alluded in suitable terms to the responsible position which he occupied, said that we had reason to feel satisfied with the status of medicine to-day in the intellectual world. He would not attempt to rehearse its recent achievements, but would simply advance the claim that no department of human endeavor is so vigorous or so penetrated with the spirit of scientific progress as the one here represented. He proposed bringing to the notice of the Society a subject on which much has lately been said, but about which some misapprehension exists.

Over Pressure in Schools,

Do our boys and girls study too much? Are the educational methods of the present day proving injurious to the mental and physical well-being of the rising generation? The affirmative belief has of late years been expressed by an influential section of the medical profession, and through them it has filtered into the public mind. The medical press has teemed with the subject, viewed chiefly from the alarmist side. Overwork at school, it is claimed, is one of the most faulty conditions of modern life, developing the nervous system at the expense of the physical, and lowering the standard of health in our coming men and women. Among the formidable list of disorders caused by cramming and forcing the minds of children, one writer enumerates neuralgia, nervous prostration, dyspepsia, spinal curvature, myopia, exhaustion, "delicacy," somnambulism, fainting fits and insanity. Another solemnly warns us that the reproductive powers of our young women are seriously menaced from the same cause. The annual preparation for school or college examinations, and the high-pressure forcing processes that are resorted to on such occasions, are regarded as especially baneful. In girls' schools, the struggle to prepare for and pass successfully these examinations has been held responsible for a Pandora's box of ills, among which are hysteria, amenorrhea, sterility and displacements. A writer of a poetical turn has thus described the effects of this period of "storm and stress" in a girls' school:

One has a headache, one a cold,
One has her brow in towels rolled.
Ask the complaint and you are told,
Next week's examination.

A few years since, Dr. Crichton Browne, a mental physician of some distinction, was commissioned to investigate this matter in the public schools of England. He drew a most dismal picture of the deteriorating and injurious effects of the modern educational system upon both body and brain, and predicted that the evil, if unchecked, would entail disastrous consequences on future generations. This report furnished the key-note to a wide-spread agitation of the question. It is well to bear in mind that Dr. Browne is a specialist in mental disorders; and it has been intimated—of course, I would not say such a thing myself—it has been intimated that specialists are apt to imagine that most people either are or ought to be afflicted with their own particuliar specialty.

What may be called the alarmist view of the question may be best stated in the following words of Dr. Bell, of Brooklyn: "The too early enforcement of the child's mind must be always recognized as an evil of great magnitude. By excessive or premature exercise of the brain the flow of blood to it is increased, and its powers stimulated and perhaps exalted for a time, but on account of its softness and yielding nature, it is liable to plethora and consequent blunting of its powers. Meanwhile, the excess of blood to it has been withdrawn from the other organs, and waste of substance, muscular weakness, and stunted growth of body follow, with a possible premature development of the brain, and the mental precocity of short-lived energy. Indeed there is no limit to the baneful results of overworking the brain during school life. It not only involves an unsound body and a feeble mind, but a greatly depraved intellect."

Without stopping to inquire into the correctness of this theorizing, it seems to me that much of the outcry about over-education is superfluous and ill-founded. There is no sign of physical degeneracy in the youth of California, from this or any other cause. The truth in this matter, as in most others, lies midway between the two extremes. I would not pretend to question the fact that excessive mental exertion is bad for the brain, be that brain young or old. I am also ready to allow that there should be a more careful discrimination in the enforcement of study, particularly in girls. and further, that children too eager for study should be systematically repressed, while those of infirm physique should not go to school at all. Much remains to be done, moreover, in improving the hygiene of the school-room. But, granting all this, I maintain that well-directed brain work is good for the young; good not only mentally, but morally and physically. Education, says Huxley, is the formation of habits, so that acts which at first require conscious effort, eventually become unconscious and mechanical. In the formation of these right habits we must not be led away by the fallacy that mental labor interferes with bodily development. Where the hours of study are properly limited, there is no antagonism. Taking brain-workers as a class, their physique is found to be up to, if not above, the average.

During the past half year I have made careful inquiry of the principals and teachers of our public schools on this question. I have sought to ascertain from those in close daily contact with school children, what reason there is to fear, under our present educational system, that over-pressure exists, and whether instances have come to their knowledge of headaches and ill-health arising from crowding or over-taxing the brain. Teachers are, as a rule, fair physiologists, and possess a good general understanding of the laws of health, and their judgment is entitled to much credit. I found a consensus of opinion which strongly negatived the supposition of danger ahead from this source. True, among the many different natures that go to make up a class of school children, there will be found some who require to be held back, just as there are others who must be persistently urged forward. The conscientious teacher will not fail to readily single out the eager, ambitious, incessantly-studying youth, and by a system of supervision and cautious repression, preserve the immature brain from over-strain. "School headaches" are generally to be ascribed to the hasty eating of cold and indigestible lunches during the noon recess, or sitting in an improperly ventilated school-room.

From an unbiassed study of the subject I have come to the conclusion that the ordinary school curriculum is not more stringent than it should be, to provide that mental training and intelligence necessary to the modern man and woman. Much of the outcry about the matter has been based on assumptions that are fanciful rather than real. My medical experience among school children accentuates this belief. I find that their sicknesses arise from causes foreign to the school-room, in nine cases out of ten. The frontal headache that scholars sometimes complain of is generally due to constipation or indigestion; perhaps from overstrain of the eyes. More damage is done to the eyesight of children by allowing them to read at home in the evening by a deficient or faultily arranged light than by any other cause. In girls I have frequently found ill-health and cephalalgia ascribable to neglect of the bowels, and lack of exercise induced by the vicious idea that it is unbecoming to run or romp.

Our school methods are yet far from perfect, however; and the same may be said, with much more emphasis, of our school buildings. I will briefly indicate the direction in which improvement should move. The individualized training of the young is the ideal form of education. Both the hours and the routine of study should be regulated according to the needs and idiosyncrasies of the children. The idea that a given number of scholars may be put through the same course of study in the same time, must be abandoned. In girls' schools, some relaxation of discipline during menstruation ought to be observed. The first evidences of ill-health in school children must be properly attended to. Let the school-room doors be shut against children under seven years old. Time for digestion should be as carefully provided as time for recreation. Home lessons should be abolished. I agree with Dr. Bell that the school day should not be more than six hours, and that not much more than half that time should be devoted to hard study. Dr. Isaac Ray wisely says, and the remark applies more forcibly to children than it does to adults, that "few can exceed six hours a day of close mental application without seriously endangering the health of the brain." In the national school system of the countries of Europe, where education is compulsory, there is a regulation known as the half-time law, under which a number of children, without regard to age, get only two and a half hours schooling a day. The rule works well, proving of great advantage in poor families, where the boys can thus work during a portion of the day and at the same time continue their studies.

The architecture of school buildings has received much attention lately. In San Francisco, sunshine is as indispensable as air itself, and no school-room should be deemed fit for occupancy that has not a southern exposure. In the construction of our school-houses, the free access of sunlight with its purifying and life-giving influences, should be a matter of the first consideration. As to light, Dr. Loring, of New York, reckons that a class-room twenty feet square should contain not less than eighty square feet of window. It is an established fact that a child requires as much breathing space as an adult. Fully 250 cubic feet of air-space should be provided for each scholar. Less than that compels the re-breathing of contaminated air, no matter how thorough may be the arrangements for ventilation.

A diligent search, from the physician's standpoint, into the workings of the modern educational system has led me to regard it with trust and admiration, and has taught me that much of the cry about over-pressure is pure sensationalism. Those who repeat that cry are perhaps sincere, but they often do so without a practical knowledge of the subject, stirred by the hasty fervor that seizes us when we discover a wrong that wants righting. The public look to us for carefully balanced and sifted statements on these questions of general import, and it is regrettable that physicians who have been held up as authorities have solemnly warned them that, in such healthful exercise of the mental cortex of our youth as is provided in school discipline, danger and destruction lurk. Let us be sure we are right before sounding the note of alarm. With the pleasing methods of teaching now in vogue, with the ever-advancing observance of the laws of cerebral hygiene, and with the better provisions for the health and comfort of scholars, most children are better situated in the school-room than at home. Let the contrast be made, as it often must be, between the clean, pleasant class-room on the one hand, and the foul atmosphere, actual or moral, of an ill-kept home on the other. The school-house of to-day, conducted by the teacher of to-day, is the best possible nursing place for strong, broad-minded, intelligent American citizens.

Who is there within sound of my voice who has not, while driving along our streets, stopped and watched with interest that happy scene, a school-house disgorging its contents? As the merry throng comes trooping out, the sight stirs old memories within us, and recalls the strange, far-off time when we, too, were light-hearted boys or girls, with no ambition higher than our marbles and toys. Notice the youngsters well, how lithe and well-built and strong of limb they are, how sturdy and rosy-cheeked. Viewing them critically it will be hard to resist the feeling that the gloomy prognostications of morbid specialists have no application here, and that with such material for our future men and women we need in no wise despair of the Republic.

Hypnotism.

In view of what has occurred in this city lately, I deem this a proper occasion to allude to the dangers of the indiscriminate practice of hypnotism. During the past winter a number of exhibitions have been given by a so-called professor of mesmerism, in which persons taken from the audience were placed in the mesmeric sleep and caused to perform antics for the amusement of the spectators. The success of the hypnotizer in thus depriving individuals of their reason and volition, and substituting his own therefor, was no doubt enhanced by contagion and expectancy; each succeeding victim, seeing those before him so readily hypnotized, felt it useless to hold out against so potent a necromancer, and yielded without a struggle.

These exhibitions are against public morals, and should be prohibited. The persons who thoughtlessly submit themselves to the manipulations of the mesmerist have no conception of the harm they are incurring. In Germany and Italy public exhibitions of hypnotism are forbidden by law. A movement is also on foot in France to interdict them. The eminent Charcot, of Paris, himself a close investigator into this class of phenomena, calls attention to its dangers, saying: "Medicine has taken possession of hypnotism, and it is only through her that such an agent can be made of use to mankind and prevented from working injury to the human race." Maudsley remarks in the same warning voice: "It is not a mere harmlesss amusement for one who is susceptible to the hypnotic trance to suffer himself to be frequently practised upon, for there is danger of his mind being weakened temporarily or permanently. After coming out of the trance a little while must elapse before his will recovers its power; he remains unduly susceptible to the suggestions of others, and too easily influenced by commands. In the end he is likely to lose all control over his own mind and to become insane."

In hypnotism the ordinary functions of the mind are suspended, the reason, judgment and will are held in abeyance and the person becomes a passive instrument in the hands of the manipulator, the creature of his whims and wishes. He thinks, feels and acts only as it is suggested that he shall think, feel and act. He has parted with his personality, and attempts to do whatever he is commanded in a blind, unconscious way. Only weak-willed people are subject to the hypnotic infatuation; the strong, self-reliant man or woman laughs his efforts to scorn. Baron Reichenback, one of the early investigators, soon discovered this, and selected for his "sensitives," as he called them, young persons of inherited or well-marked nervous temperament. After repeatedly operating upon them he found that they grew to be very easily affected, and he gravely records how they would at length drop into an unconscious state, if he happened to glance in their direction or shake a finger at them.

The hope entertained by Charcot, Braid and other psychical experimenters, that hypnotism may eventuatly prove of use in medicine, and more particularly as an anesthetic in surgery, does not seem likely to reach fruition. Now and then a case is recorded of a surgical operation performed in the hypnotic state without pain, but its use in this direction is capricious and has not been brought within the domain of law. An agent so uncertain, and of so limited application, holds out but little promise of ultimate therapeutic value. Of its potential evils, however, if left in the hands of ignorant charlatans, there can be no doubt. In a person of weak mental fibre, it tends to foster the neurotic temperament and evoke the unstable and hysterical. By its repetition, the supremacy of the will and the dominance of the higher brain centres, all that make men better than the beasts of the field are endangered. Nothing could be better calculated to breed mental invertebrates.

As physicians we are not only healers of physical ills, but we are conservators of mental sanitation, and as such it becomes our duty to endeavor to mold public opinion against these indecent exhibitions. They are clearly against the welfare of society. There may be some who are led thither by an honest desire to witness the demonstration of a little understood phenomenon, but as a general thing it is a morbid curiosity that attracts the audience. The infatuated individuals who yield themselves up to the power of the hypnotizer are not aware of the risk they are running. Not only is the abject surrender of body and mind to another's keeping, and for an ignoble purpose, unmanly and degrading, but it works irremediable harm to the cerebral controlling centers and invites mental imbecility, and I hope every physician will discountenance all performances of this character, both by precept and example.

Quarantine Station at San Francisco.

It gives me much pleasure to inform you and the people of the State that a Quarantine Station is being established in the harbor of San Francisco, beyond a peradventure, under the supervision of the United States Marine Hospital Service. Dr. H. W. Sawtelle, of the United States Marine Hospital, informs me that the location at Hospital Cove, on Angel Island, selected by the recent commission, has been approved. Angel Island being a Government reservation under the control of the War Department, application was made for ten acres of land, adjoining the cove, and the Honorable Secretary of War consented to the transfer of the tract for temporary use as a quarantine station, and officers have been detailed for the purpose of establishing the boundary lines and making the necessary formal transfer. The equipments for the station will consist of hospital buildings, officers' quarters, warehouse, wharf, disinfecting machinery, steam tug, etc., and they will be provided for as soon as practicable, in accordance with the forms prescribed by law. Dr. Sawtelle, by order of the Secretary of the Treasury, is now in charge, and has advertised for an iron fumigating steamer, for use at the San Francisco Quarantine Station.

County Medical Societies.

It should be the office and duty of this Society to take a fostering interest in the several County Medical Societies throughout the State, and to promote by every measure possible their growth and activity. The relationship between the larger and the smaller medical bodies should be a close one, yet it has never received more than a passing recognition. The County Society, with its semi-monthly or monthly meetings is, or should be, of more value to the physician, as a medium for the interchange of medical thought and the cultivation of fraternal intercourse, than the one over which I have the honor to preside. Let us do our best to stimulate our country brethren to organize. Much may be done by individual effort in inducing the principal practitioners of a district to meet together for mutual benefit, and so keep alive the sacred fire. The number of these nuclei for medical improvement is not what it ought to be. In many instances efforts have been made and a County Society started, but after a time its bud of promise has been nipped by the untimely frost of neglect, and the deadly dry-rot of apathy has benumbed its energies. It is to be hoped that California will soon be able to make a better showing in this matter.

Of the fifteen or more County Medical Societies nominally extant outside of the metropolis, it is doubtful if more than eight or nine of them hold regular meetings. For instance, the San Joaquin County Medical Society has held but one meeting in the last three years. For a town the size of Stockton this is hardly up to the mark. Sacramento does better; her Society for Medical Improvement showing a sustained and vigorous vitality. This is what might reasonably be expected from a city which, for its size, possesses the ablest body of medical practitioners in the State. Nor is Alameda county behind-hand, her Society having for a long time been doing highly efficient work. Fresno has a good County Society, as also has Santa Clara. The southern portion of the State is fully alive to the benefits of social meeting and converse among members of our calling, large recent accessions of Eastern physicians bringing with them an admirable *esprit du corps*. Los Angeles has such a flourishing Medical Society as might be expected in a city of her progressive and ambitious nature. Some time in the sixties, the Northern Counties Medical Association was founded, a former occupant of this presidential chair, Dr. Fitch-Cheney, who has long since joined the silent majority, having taken a prominent part in its organization. In the then thinly populated condition of the northern part of the State, the movement was a judicious one, but it is doubtful whether the principle of a union of counties is best at the present day. Where the place of meeting is remote, it is impossible to expect regular attendance. But there are still to be found districts large enough and populous enough to support a County Society, where none exists, or, if in existence, where it has fallen into ignoble decadence. This is not always owing to a lack of appreciation of the advantages to be gained by the attrition of medical minds, but often from inertia, or from the want, in that particular community, of a physician possessing the tact for organizing.

The peculiar desirability of these local gatherings of physicians lies not alone in the opportunities they give for the exchange of ideas on professional topics, the relating of cases, or the comparing of methods of treatment. Most of all, they bring together members of a learned profession in friendly relationship, make them acquainted, and disclose mutual qualities of character that otherwise might never be discovered. Herein lies their inestimable value. To soften the asperities of practice, to inculcate brotherly feelings, to show that a healthy emulation is not enmity, these, equally with the advancement of medical science, are the objects to be attained. How often have we been compelled to change our first hastily formed opinion of a brother physician, after meeting him in social intercourse? The man we thought churlish proves to be delightfully companionable; the man we considered a dunce proves to be a Braithwaite's epitome of learning; what we took for offishness turns out to be only diffidence; what we deemed self-conceit we find to be only the all-sufficient confidence of youth, which soon fades away. It is the friction of friendly contact that brings out the good that lies concealed under the surface of every man. "As iron sharpeneth iron, so helpeth the face of a friend." Nothing contributes better than the frequent gathering together of physicians in these societies to show us the good points in each other's character, to make us very charitable to each other, and merciful to a brother's failings.

I make the suggestion that, in recognition of the connection of this Society with the County Societies and our interest in the development and welfare of the same, a list of all the County Societies of the State, with their respective officers and lists of membership, be printed and appended annually as a portion of the transactions of this body.

Medical Advancement.

The progress of science is like that of a sailing ship. Often to the onlooker it might seem to be going in other directions than the right one, but continued observation will show a steady progress towards a fixed though distant point. The winds of this or that wrong doctrine may blow it from its course a little space, but quickly the good ship veers round again into the right path, guided by the pole-star of experience towards the port of truth. New theories, new methods, new remedies, spring up like weeds and contend for recognition alongside the rooted and settled principles of our art. But their true place is soon assigned them; what is good remaining to enrich the accumulated store of medical knowledge, and what is false dropping into the limbo of forgotten things. If the older members of the profession sometimes seem to be unduly chary of accepting new discoveries, it is simply because they feel to want something solid to lean upon. To become more and more conservative is one of the privileges—I was going to say, *penalties*—of advancing years. As we go on living, while heartily recognizing the fact that progress is one of the essential conditions of vitality, and while we earnestly encourage advancement and activity of thought, we still learn to love that good old rule: "Hold fast to that which is proven."

As an instance of the way our good ship is likely to be blown from its course by side winds, I will mention the tendency to lay undue stress on preventive medicine. I have no wish to minimize the importance of this legitimate department of medicine, or to detract from the feeling of satisfaction with which its recent advances may be rightfully regarded. But preventive medicine must not be allowed to overshadow the true purpose and aim of our calling, which is, primarily, and essentially, *the cure of disease.* It is well, I repeat, to do our utmost to prevent and obviate disease, to remove the food upon which it thrives and the nidus in which it finds lodgment. But to restore the sick, to combat disease, to relieve pain is a higher function. To this end we should bring our choicest and ripest efforts; it is in this that we must spend ourselves and be spent. Let us remember that it is by our skill and success in the cure of disease that we are estimated by the public, and it is on this foundation that our reputions will be built.

Again, I have noticed with regret the partial decadence into which has fallen a once leading diagnostic feature, the study of the pulse. The physician of a former generation possessed but few of the modern implements of medical diagnosis, but I do not scruple to say that his intimate knowledge of the pulse rendered him often as well equipped for the fray as his brother of to-day. He made the pulse a subject of patient and systematic investigation. Its lightest changes and variations conveyed a world of meaning. Its thrill, its impulse, its ripple, its reverberation, each had its special significance; each told its separate story of pathological changes—past, present and to come. You have read Bell on "The Hand," and I need not remind you how complex and wonderful a masterpiece of organized intelligence is the human hand. It may almost be considered a highly developed sense organ, of which the focus and culminating point is the forefinger, with its exquisitely sensitive network of nerve filaments and loops. Upon his patient's radial pulse the physician of old laid his sentient finger-tips, with their sense of touch educated and attuned to an almost electric vibration; then, with his other senses for the time shut out, he lent his brain to the discernment of its subtle monitions and the interpretation of them. To him it was the strongest weapon in his diagnostic armamentarium. What is now called "taking the pulse" has degenerated into a mere hasty and perfunctory counting of its beats by the watch. It is a pity that the study of the pulse should become a lost art.

But the office of laudator of times past ill suits me, and the few faint strictures I have indulged in fade into insignificance in view of the achievements of our profession in late years. How vast is the domain that lies within the scope of this Society's inquiry, compared with its extent at the inaugural session nineteen years ago. In one direction alone, that of Bacteriology, how large a field is opened to us. There are still "worlds to conquer." Let us trust that among us here there may, perchance, be some of the conquerors, and that this meeting may be fruitful in results, may add to the sum of medical knowledge, and thus redound to the general good of mankind.

And now listen to my benediction: May this Society never fall into that conservatism that stifles progress. May its members be stirred to "deeds of daring rectitude," and never cease to reach after the vaster issues that lie before us. May the fresh breeze of animated debate infuse us. May the play of individual thought be fearlessly expressed, inasmuch as we are here not merely to listen to papers, but also to discuss them. Let us keep in our minds the immortal words of Milton: "Give me the liberty to know, to utter, and to argue freely, above all other liberties."

ABSTRACT OF THE REPORT OF THE COMMITTEE ON MEDICINE.

Of the Medical Society of the State of California, April, 1889.

By J. H. STALLARD, M. D., Lond., M. R. C. P., Chairman, San Francisco.

The speaker had taken but one exception to the critical and exhaustive report of the chairman of this committee last year, namely, that progress in medicine had been slower than in any other department of knowledge, especially when judged by the results obtained. Looking back over an extended experience, he felt that no science has really made a better showing than medicine, and he had thought that it might prove interesting to give briefly some reminiscences of progress that he had noted during his professional career.

In England, in the year 1838, the mode of education differed materially from that of to-day; the apprenticeship system was the rule. A considable practical experience could thus be gained. In dispensary practice special examinations were rare. It was considered sufficient to look at the tongue, feel the pulse and inquire as to the condition of the secretions. Medicines were prepared in large quantities, and were divided into two great categories—tonics and febrifuges—with or without the addition of aperients or expectorants. This system of prescribing has now almost completely passed away. In those days medical advice was not a thing to charge for, but the patient was satisfied to pay for as many pills, mixtures and embrocations as the doctor ordered. It was considered necessary to make a change of treatment at each visit. The richer the patient the greater the variety and the more medicine he had to take. Every dose was put up separately, while the poor patient was furnished with a quart bottle. Neither doctor nor patient would be satisfied with less than the ordinary routine. About this date the old-fashioned apothecary was beginning to emerge from the inferior position in which he had heretofore been placed. His education had improved, and most of them were in possession of a diploma from the College of Surgeons; but nevertheless many of them were not considered competent to undertake the graver cases without a consultant, usually a graduate of one of the universities, or a member of the College of Physicians. Most of them were the slaves of drugs. They had remedies for every symptom and every possible complaint. Old Dr. Arnold was wont to prescribe what he called his "blunderbuss," which was charged with a great variety of drugs more or less likely to hit the mark. The following is a reported conversation of the time. Two apothecaries in London were discussing the merits of the most eligible consultants. One said: "I call in different doctors, according to the nature of the case." The other said: "I invariably call in Whiteman, who sends for a sheet of foolscap paper and fills it on both sides."

In 1840, when at Queen's College, Birmingham, regional anatomy was well taught; so also were chemistry, surgery and obstetrics; of histology, scarcely anything was known and little or nothing taught. Physiology was a farce. The analyses of blood, and of the different secretions, were those of Berzelius. Scarcely anything definite was known of the functions of the nervous system. The brain was regarded as the seat of the intellect, and the spinal cord as the seat of the feelings and emotions. Sir Charles Bell had succeeded in establishing the functions of the spinal nerve roots, and Marshall Hall had presented to the Royal Society his observations on the separate function of the spinal cord, only to have them excluded from the transactions. Outside of the experiments made on Beaumont's stomach, very little was known about digestion; and Dr. Wright spent a whole year on the examination of saliva, without doing more than proving that its action was more potent with regard to vegetable than to animal food.

In 1841, at the Queen's Hospital, Sands Cox was the surgeon; a splendid anatomist and a first-rate operator, but not a successful surgeon. Nevertheless, I saw him successfully amputate through the hip joint, removing the limb in 35 seconds, tying all the vessels in 5 minutes, with a loss of only 4 ounces of blood. The senior physician was Dr. Brit Davis. He gave calomel and rhubarb, and salts and senna almost daily to every patient. I have seen him treat rheumatic fever with 120 grains of calomel a day. In 1842, when at St. Bartholomew's Hospital, Lawrence and Skey were the rival surgeons; I saw the latter operate three times in one hour for strangulated hernia. Paget and Holden were the demonstrators, and the former was laying the foundation for his future pathological observations.

Soon after, I entered upon active practice in the town of Leicester. At this time sanitation of any kind was unknown; there was no sewerage; many of the streets had an open gutter in the centre of the roadway, provided at invervals with stepping stones, to enable pedestrians to cross. There was no public water supply. The houses of the laboring class were arranged in close courts, each provided with an open midden to receive all filth, and with a shallow well only a few feet distant. Year after year there were epidemics of typhoid and typhus fever--as yet no distinction had been drawn between them. Both were found together in the hospitals. For several years England had been invaded by a host of homeopaths, mesmerists and hydropathic quacks, and there appeared in the *British* and *Foreign Medico-Chirurgical Review* a series of articles from the pen of Sir John Forbes, calling the attention of the profession to the importance of promptly adopting that which was really good in these systems. "To say, said he, that cold water, employed in the mode lately introduced by Priessnitz, is not a powerful therapeutic agent, is simply to express ignorance of a common and well known fact, and to admit its potency as an agent is equivalent to saying that improperly administered it is capable of doing mischief, and we have called upon the members of the medical profession to destroy the evil, and cherish and promote the good by taking the practice, or as much of it as is warranted by fair evidence, into their own hands, and modifying it in accordance with the laws of science and in obedience to rational experience." I resolved to give the cold water treatment a fair trial, and out of 187 cases of fever which were admitted into hospital 10 cases were reported in detail; the mortality was 10 per cent. In asking your favorable criticism, I must remind you that the etiology of typhoid fever was not as yet clearly and precisely known. We had no clinical thermometers, and our nursing staff was most inadequate. During these years there was a steady decline of excessive medication; the revulsion to infinitesimal doses was sudden and severe, but in England it was not persistent.

In 1840 there was a rivival of mesmerism, and in 1846 marvellous accounts came from India of operations done without pain during the hypnotic state. In this year an amputation was anesthetically performed by Mr. Topwil, but his subsequent attempts were failures, and at the end of the year ether took its place. The first operations under ether were successfully performed in September at the Massachusetts General Hospital. Liston operated on December 21st, and a few days later I performed successfully the first amputation in the provinces under ether. In November, 1847, Simpson gave us chloroform, which I immediately adopted, and in 1849 published an account of 200 administrations during confinement, the time varying from ten minutes to thirteen hours. I shortly after visited Edinburgh, seeing much of Simpson's most interesting work, and amongst other cases the first in which he divided the cervix.

There is probably no subject in practical medicine that has made greater advance than that of renal disease. Bright had opened up the subject of albuminuria in 1827, and he was followed by Christison, Gregory and Osborne, in England; by Graves in Dublin, and by Rayer and Solon in France. Bright's book on the subject was published in 1839, and one by Prout the year following. In 1846 I had several occasions of meeting Dr. Prout in consultation, and it was from him that I first learned to make a distinction between diabetes and glycosuria, a distinction only recently made in many of the text books. One patient passed a considerable quantity of sugar without any increase in the quantity of urine. Prout called it a form of gout, and the patient got well under appropriate treatment. In 1846, Virchow discovered waxy degeneration, and in the same year the Pathological Society of London was established.

Ten years later everything was changed, and immense advances had been made in histology and physiology. I went to Paris, living in the same house with Prof. Pancoast, of Philadelphia, and Dr. Stone, now senior physician to St. Thomas' Hospital. Together we attended the clinics of Nélaton, Velpeau, Maissoneuve, Ricord and Chassagniac, of drainage fame. In those days union by first intention was practically unknown in Paris, and the mortality after operation was frightful. Malgaigne was lecturing on fractures and dislocations, Milne Edwards on physiology, and Claude Bernard on the functions of the nervous system —the most interesting of all. In 1858, in London, I attended the lectures of Brown-Séquard, and in subsequent years had frequently the benefit of his advice in consultation. This year, as a member of the staff of the great Northern Hospital, I assisted Mr. Jonathan Hutchinson, whose methods of observation cannot be too much admired, in an ovariotomy. 1859 was a remarkable year; Spencer Wells, who had done three ovariotomies in 1858, really began his work. I met him at Dr. Savage's, and made the mistake of declining to join the Samaritan Free Hospital. That year and the following I continued my urinary investigations, partly in association with Dr. Edward Smith, the object being to ascertain the relation between the secretion of urea, phosphates and uric acid and the mode of life. At this time I was engaged, in association with Dr. Anstie, in some public sanitary work, in relation to the reform of the workhouse hospitals, the insanitary condition of the large public schools, and the defective sanitary arrangements of many of the larger towns. I had the advantage of counsel and advice from Dr. Sutherland, Edwin Chadwick and Robert Rawlinson. It is interesting here to note that Sir Edwin Chadwick celebrated his 90th birthday a week or two ago, and that in responding to the toast of his health, he said: that the death rate in towns under the separate system of sewerage had been reduced one half, and the life-time of all classes had been extended by seven or eight years. Disease and sickness had been greatly reduced. What sanitation was capable of doing might be seen from the fact that the annual death rate of the English army in India used to be 67 in the thousand, and that since the appointment of the sanitary commission in 1859 the rate had been reduced to 20 in 1000, a saving of 4000 soldiers every year. In 1869–70, Lister was working on his system of asepsis, and I look back with interest upon the repeated discussions held by the *Lancet* staff before his practice was positively endorsed.

Without continuing my personal experience, I may add that the ophthalmoscope has opened up a vast field of observation, and that the sphygmograph has contributed immensely to our knowledge of normal and abnormal conditions of the arterial system. So great, indeed, and so rapid have been the advances that it is impossible for any one person in active practice to follow the innumerable wanderings of modern science as applied to disease.

My subject would, however, be incomplete if I did not notice a few examples of the advances made within the period under notice. Take syphilis: In 1842 Vincent of St. Bartholomew's was the exponent of the Hunterian school. He was a mercurial fiend. Every sore upon the genitals was regarded as syphilitic, and all were subjected to intense and prolonged mercurial treatment with the most frightful consequences. The health of weakly patients was permanently ruined; others were often prostrated for months with mercurial tremor. Lawrence's teaching was the same as regards the sore, but he attributed nasal and other necroses to the abuse of mercury. In those days phagedena was extremely common. I have seen the whole inguinal region invaded in twenty-four hours. At this time none of the more profound effects of syphilis had been differentiated. The word gumma had not as yet been coined. Many of the hereditary forms were unknown. We knew little or nothing of syphilitic diseases of the cornea, choroid, liver, stomach, arteries, brain and spinal cord. In fact the true etiology of syphilis is the outcome of quite recent investigation.

Again: Note the advances in our knowledge of cardiac diseases. Formerly the causes of the heart sounds were still a matter of dispute, and absolutely nothing was known of the principle of compensation. Digitalis was supposed to lower the action of the heart and reduce the circulation. Redness of the arterial *intima* was thought to be a *post-mortem* change, and atheroma the natural consequence of advancing age. The whole question of arterial pressure was formerly comprised in the word plethora, whilst now it is every day assuming a more important *rôle* in the production of diseased states.

In rheumatic fever, when I entered the profession, bleeding was the common mode of treatment. It relieved pain temporarily, and was repeated often. Patients were even bled to the verge of death. Opium and Dover's powder was used in addition. I have already alluded to the treatment by calomel. In 1839, the steam bath was used in cholera, and rheumatic patients were nearly steamed to death. Then poisonous doses of iodide of potassium were given without benefit. When the water cure was introduced the patient was packed in wet sheets. Citric acid, quinine and iron each had their day. Fuller's alkaline treatment was a substantial gain, but Davis' treatment by a succession of blisters was prematurely cut short by the discovery of salicin. McClagan's first reports were received with great incredulity, but experience has amply shown that we have in the salicylates and antipyrin, remedies of undoubted value.

Lastly, it is impossible to close this subject without noting the profound ignorance which existed forty years ago, regarding the anatomy, physiology and pathology of the nervous centres. Physicians had very little to guide them in the diagnosis of brain diseases. They were forced to depend upon the general condition of the patient, which was frequently misleading. I have seen abscess of the brain described by a clinical professor as a case of hysteria, within a few hours of death. Such a mistake would seem impossible to-day. To examine a patient with neurotic trouble is now a work of art; the sensations, the volitions, the power of movement, the spinal reflexes, the electrical susceptibilities are all invoked, and whether in the brain or spinal cord we are able to indicate the probable nature of the disease and the exact locality.

ABSTRACT OF THE REPORT OF THE COMMITTEE ON SURGERY

Of the Medical Society of the State of California, April, 1889,

By C. G. KENYON, M. D., Chairman, San Francisco.

The speaker desired to present a *résumé* of some of the advances in the various branches of surgery during the past year, and to allude to some methods of procedure on which there may be a difference of opinion. He also wished to direct attention to the well-known subject of antisepsis.

He urged the application of asepsis in minor operations, which make in the aggregate the major portion of surgical work. Asepsis is not the exclusive property of the operator whose work is of that class usually designated as capital. Here it is always practised, while in minor matters it is neglected. The principles inculcated by Lister have made a lasting impression upon the profession and have borne good fruit, and it is due to him to have established the great value of cleanliness in surgery, which is the strong arm of the surgeon to-day. The establishment of the principles of Lister have been fraught with results more grand than those of any advance since the introduction of anesthesia. Anesthesia simplified operative measures that were before formidable or impracticable, and allowed protracted operations to be performed with a delicacy of detail which was formerly impossible. The operation being completed, the after danger began in a heroic struggle between the vitality of the patient and the too often long drawn out suppurative processes. Recovery only ensued at the expense of time and strength, and if in addition to disease age and an enfeebled condition were present, failure might result, though the mechanical work was of the highest type. Under the *régime* of antiseptics, hospitalism, that spectre of human suffering and death, has disappeared; operations that formerly were undertaken only in cases of urgent necessity are now performed without a serious thought of danger from septic processes. A striking illustration of this can be found in abdominal section as a means of diagnosis and this, once a formidable operation, has become in the hands of skillful operators a procedure of minimum danger. The healing of extensive wounds as in joint resections or amputation of the breast with removal of enlarged axillary glands without a drop of pus, is a result that is possible to attain, and is a long way in advance of the practice before aseptic surgery. In his recollection as a student suppuration and healing by granulation, urged on by fomentations and cataplasms, was the rule; and some, whose experience antedated his own, would recall the time when a scalp wound was expected to heal by granulation. It is not, however, in the larger operative measures that all the good from antiseptics is derived. It is in the trivial accidents which present themselves daily to the general practitioner that these agents are susceptible of the greatest service. A careful primary dressing in these cases saves time and suffering to a class in which time is often their only capital. In the light of the accepted theories of surgical treatment, it is the duty of every practitioner to have on hand a solution of bichloride of mercury, and in addition some hydronaphthol, carbolic acid, iodoform, iodoform gauze, absorbent cotton and lint. Are there not some who, in neglecting this preparation, fail to utilize the advantages of these valuable agents?

If the critics of McDowell, for his boldness in opening the abdominal cavity in the year 1807, could survey the field of abdominal surgery of to-day they would at least have an opportunity of reflecting on the fallibility of human judgment. The very radical step of opening the abdomen in peritonitis would seem to them little short of murder, yet this new procedure, with a thorough irrigation of the cavity by sterilized water at a high temperature, has earnest advocates. They advance as very good reasons that this course presents the opportunity of thoroughly investigating and perhaps removing the cause, as well as washing out any noxious matter, the origin or result of the inflammation. The high rate of mortality in general peritonitis, and the helplessness of the physician, who, relying on drugs, has so often failed, leads us to regard this method with attention. In connection with the question of abdominal section in peritonitis, a case which occurred during the year is worthy of notice, particularly owing to the peculiar character of the lesion. At the time I presumed that the case was unique, but I have since ascertained that a similar one has been reported by Dr. Kakales, in which, also, the autopsy confirmed the diagnosis. While attending a child critically ill with typhoid fever my attention was called to the father, who complained of having had fever and a temperature of 102° F. on the previous evening. There was no complaint of pain or disturbance of the abdominal viscera, which were not examined. A quinine mixture was ordered, which, when taken, was followed by distress of the stomach and vomiting, ascribed by the patient to the medicine; great pain in the epichondrium, which did not yield to opiates, followed by collapse and death in 30 hours. A *post-mortem* examination revealed the existence of a hernia through an opening in the mesenteric fold of the peritoneum, but whether this opening was accidental or congenital I was unable to determine. About 14 inches of the small intestine had slipped through the reflected fold of the peritoneum, the aperture being large enough to admit the index finger. An early abdominal section in this case would undoubtedly have led to the discovery of the hernia, the relief of which would probably have saved the life of the patient. The extreme gravity of the illness of the child, whose temperature on that day reached a maximum of 106° F., in some measure excuses one from overlooking the other case. The propriety of opening the abdomen in idiopathic peritonitis has been questioned, but the mortality would certainly be diminished were the practice more common. Cases like the foregoing demonstrate the importance of looking into and at the cause of the disease, instead of awaiting an autopsy to ascertain what might have been done. The march of progress in abdominal surgery is toward early operation—to arrest, if possible, the progress of the disease—and the reports of the leading operators, such as Keith's second series of 1000 cases, with a mortality of 5.3 per cent. are significant facts upon this point. In reading the literature of abdominal surgery, such is the skill of the operators and the success of antiseptic measures that one is lead to the conclusion that what was formerly the most dangerous field for surgical work has become the safest. This is not really true, for the results are due entirely to the improved methods of procedure.

The restless energy of medical men in the search for newer and better methods is not peculiar to the surgeon, but dominates the whole profession, oftentimes, perhaps to the detriment of real progress. A retrospective view of this tendency presents an aspect that borders on the ludicrous. Some wonderful curative agent is discovered and proclaimed to the medical world; it is seized upon with avidity and tried until the great mass of the profession are vieing each with his fellow for new fields of disease in which to experiment. Time and the natural progress of the disease too often lay the seal of condemnation upon it. The world-wide, but brief popularity of cundurango and chian turpentine are excellent illustrations of the peculiar weakness of our profession. In the surgical field there is the same yearning for something better, for a more effective procedure to repair diseased structures, and it is the energetic and intelligent search for new and better methods that has given to surgery the greatest triumphs. Sim's first closure of a vesico-vaginal fistula, McDowell's ovariotomy and Emmet's repair of the lacerated cervix, all attest the ability and genius of American surgeons.

Histerorrhaphy or stitching the uterus to the abdominal wall for the relief of chronic and intractable retroflexion is a recent operative measure introduced by Dr. H. O. Kelly. Dr. C. Carroll Lee has reported a number of successful cases.

Dr. A. P. Dudley, of New York, who was for a short time a resident of San Francisco, and whom I remember as a careful and skillful operator, has devised a new method for the repair of lacerated perineum, which is opposed to preconceived theories and methods, especially as taught by Emmet. The point of divergence is in the application of the sutures, which Emmet inserts from below, upwards and backwards, drawing the posterior wall downwards and forwards, while in Dudley's operation the sutures are inserted from above, downwards and outwards, bringing the rectal wall upward, forming a much improved perineum, in which he claims there can be no danger of rectocele.

The extirpation of goitre, formerly so unpopular, is now taking a place amongst operative measures of comparative safety. As late as 1864, Prof. Gross referred to the operation as a species of butchery. Kocher, of Berne, who, in 1882, reported a series of 8 cases with a mortality of 14.8; in 1884, reported a series of 49 cases with a mortality of 6.9 per cent. This year he has published a further list of 250 cases with a mortality of 2.4 per cent. Of these cases 20 were for malignant disease, and in these the mortality was 15 per cent.; of 5 cases of Basedow's disease one died. Exclusive of these the mortality would be 0.8 per cent. As one of the cases died from the effects of ether, and another was moribund when the operation began, according to Kocher this procedure in cases of simple enlargement is free from danger, and can safely be recommended even for cosmetic effects.

The treatment of simple fracture of the patella by metallic suture, even under antiseptic measures, has not proved as satisfactory as other and simpler methods. According to some late statistics, in 43 cases 27 were successful; there was loss of mobility in 7 cases, and 7 were followed by suppuration; in 2 amputation of the thigh was performed. There were two deaths, one from pyemia, and the other from carbolic acid poisoning. In 45 operations in old cases 22 were successful; in 9 there was partial anchylosis; in 11 complete anchylosis, and 3 deaths. According to Lewis A. Stimson, the use of Malgaigne's hooks seems to have gained in favor. In my judgment either of the above measures are unnecessarily heroic and will not be generally the rule in recent cases outside of hospital service. Hamilton's method has, in my hands, produced such excellent results in four cases that I feel confident when treatment is rigidly carried out that satisfactory results will follow. The position is extremely uncomfortable, but after a few days but little complaint is made on that score. The false anchylosis, which perhaps is as marked in this injury as in any lesion in orthopedic surgery, disappears with time, and in my experience without the aid of passive motion.

I cannot help expressing my conviction on the subject of anchylosis and passive motion as a relief for stiffening of the joints connected with the treatment of fractures of the long bones. I think that the danger of permanent immobility is a sort of a surgical "bugaboo," more fancied than real. In the many cases of fracture of the long bones near the joints, the dressing of which may be of long duration, a very small percentage will show permanent stiffening if allowed to take the natural course. Forcible flexion of a stiffened joint is a proceeding attended by great pain and often followed by subacute inflammation. It would be a happy conclusion if proven that this suffering is quite unnecessary, and I have been acting upon this theory for several years with satisfactory results. The strongest proof I can offer is the result of these few cases of fracture of the patella. The joint had been immobilized for three months, at the expiration of which there was little motion, yet in time, without any flexion, complete use of the joint has been attained.

How long should splints and dressings be applied to fractures of the long bones? In looking over the literature on this important subject I find a dearth of definite instruction. No law or general rule has been formulated. I find that the divergence in the length of time that a fractured femur, humerus, etc., should be confined in splints varies in the practice of different surgeons by weeks, or half the orthodox length of time allowed for union. With an experience of refracture of the femur in *five* cases in adults, ten weeks after the primary lesion, I have, I presume, fallen into the practice of using the maximum length of time. I allow in the adult twelve weeks in fracture of the femur, eight weeks for the humerus, seven or eight weeks in fracture of the shaft of the tibia and fibula, eight weeks for Potts' fracture, six or seven weeks for Colles' fracture, and about the same period for fracture of the bones of the forearm. Any deviation from this rule must be due to youth and unusual capacity to make bone, or to a low state of health and lack of the ordinary reparative processes. The belief that fractures unite tardily in persons of advanced age has not been verified in my experience.

The time to amputate after injuries with extensive lacerations, such as railroad accidents, is a matter of controversy, and will probably continue to be a subject upon which operators will disagree. Dr. Woolsey, in an able report to this Society, advocated immediate amputation, holding that reaction is more likely to occur and better results to ensue. Dr. Rodman advocates amputation during shock, when the temperature is above 96°, contending that in such cases delay is generally followed by increased feebleness and diminished chances of recovery. My own judgment has always been that the sooner the crushed and bleeding member is removed the more likely we are to have good results.

Intubation in croup has not, I think, fulfilled the sanguine hopes of its advocates. The statistics that have been furnished give an average percentage of recoveries of about 27. Dillon Brown has published a list of 806 cases, with a percentage of 27.4 recoveries, which, compared with Trousseau's statistics of tracheotomy, is a gain of 7 per cent. Our fellow-member, Dr. J. A. Anderson, has practised intubation quite extensively, and has met with good results. One reason why the operation will not supplant tracheotomy is that the appliances are not at the command of every practitioner. I wish to direct your attention to a simple device suggested by my friend, Dr. C. P. Chesley, in the after treatment of tracheotomy cases. It consists in placing hot bottles about the patient beneath the bed covering, and carrying the latter up to the chin, thus forming a chamber of warm, moist air for respiration. It averts the greatest danger following the operation, that of congestion of the bronchial tubes, and I most heartily commend it to you as most likely to make a radical change in the percentage of mortality.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal.

Puerperal Albuminuria and Eclampsia.—*Etiology*—LANTOS (*Archiv. f. Gynakologie*, Bd. 32, Hft. 3) regards albuminuria in pregnancy as physi ological and diagnostic, and eclampsia as an "acute peripheral epilepsy," whose genetic zone is the uterus. This physiological albuminuria he believes to be the result of a reflex irritation of the renal vaso-motor nerves, caused by distention and contraction of the uterus.—*American Journal of Medical Sciences*, October, 1888. DR. ALCINA (*El Progreso Ginecologico*, September 25, 1888) presents the following conclusions: (1.) Eclampsia is the effect of toxemia. Albuminuria is a phenomenon, which nearly always announces the existence of a large quantity or number of toxic principles in the blood. (2.) Pregnancy so influences the nutritive processes of the mother as to hinder combustion.

Prophylaxis.—FRY (*American Journal of Obstetrics*) speaks of puerperal eclampsia as eminently preventable. In this opinion he is unquestionably correct. In pursuance of his chemical theory Alcina recommends milk as most rapidly and perfectly digestible, fatiguing the digestive organs least, leaving the smallest residue, best adapted to ameliorate the injurious influence of pregnancy on nutrition, and quite sufficient by proper and timely use to avert eclampsia. DR. ROBBINS (*American Lancet*) in accordance with Dr. King's theory advises an attempt by position or manipulation to raise the head of the fetus so that it will rest on the iliac fossa. In addition, he advises putting the patient on an exclusive milk diet, keeping the bowels regular by salines and the skin warm by woolen clothing. [The cause of puerperal albuminuria is still obscure, but whether we accept the neurotic theory of Lantos, or the mechanical theory of King, or the chemical theory of Alcina, it seems to me that puerperal eclampsia is due, as Lusk admirably puts it, to renal insufficiency. This is shown (1) by the fact that the symptom-complex, puerperal eclampsia, is precisely that of urinemic convulsions, headache, amaurosis, edema, diminution or suppression of the urinary secretion which contains albumin, casts and other evidences of inflammatory action, and (3) by the fact that the eclampsia is definitely relieved by permanent restoration of the function of the kidneys.—W. A. B.]

SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Company's Hospital, Sacramento, Cal., and J. F. MORSE, M. D., Surgeon German Hospital, San Francisco, Cal.

Total Extirpation of the Scapula for Malignant New Growths.—In an article in *Langenbeck's Archiv.* vol. xxxviii, No. 2, DR. PAUL SENDLER says that since the publication of Adelmann's work on this subject, a number of operations have been reported, including those which did and did not require a removal of the arm. Cases in which removal was undertaken for the cure of malignant new growth are extremely rare, no operator having more than two. Dr. Sendler reports the following case: The patient, a young woman, 23 years of age, had always been perfectly healthy. In January, 1888, she received a slight blow on the left side of the back, the exact spot she is unable to locate, as no remarkable symptoms followed until March, when severe pains were felt in the left shoulder, which radiated down the arm. These grew worse, and finally the arm became useless.

Unfortunately, she submitted herself in April to a massage treatment, which was immediately followed by a great increase of the pain, so that after four sittings she was compelled to desist. A chill occurred, followed by an attack of fever, and for the first time a swelling was detected on the back, over the left shoulder. A physician who was consulted believed the case to be one of acute osteomyelitis, and sent her to the hospital. Sendler continues his narrative with an accurate description of the symptoms, stating that as the fever continued doubt was entertained as to whether the trouble was actually acute osteomyelitis or a malignant tumor, particularly as the growth imparted to the finger a sensation greatly resembling fluctuation. As the growth increased so perceptibly in size, it was finally resolved to operate and extirpate the scapula, with retention of the arm. An incision was made, extending from the acromion, along the spine, to the upper posterior angle of the scapula, thence along the posterior border to the inferior angle. The flap was dissected backwards, with retention of infraspinatus muscle; the supraspinatus muscle was so much diseased that it had to be removed. The subscapularis was infiltrated with a broken-down mass of new growth. The acromion was dissected out, and the shoulder joint opened and found to be healthy. The coracoid was exposed and separated from its attachment, thus rendering it possible to remove the entire scapula. Removal of all diseased structures, carefully avoiding axillary artery and veins then followed. A thorough antiseptic toilet of the wound was made, it being filled with iodoform gauze. The arm was supported by a large pillow. The patient did well, apparently, for some days, but finally died with lung complications. The growth removed proved to be a central sarcoma of the scapula. At the autopsy, extensive disease was found to exist in the clavicular region, and both lungs and pleura were found dotted with masses of the new growth. The author draws the following conclusions: Total extirpation of the scapula is the only procedure to be resorted to in cases of new growth. No particle of affected bone should be allowed to remain behind. Of course the arm is to be saved when possible, but even when the shoulder joint is intact the glenoid process should be taken away. If the tumor has already involved the head of the humerus, it will be necessary in most instances to remove the entire arm, rather than make a resection of the head of the bone.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

By Wm. Ellery Briggs, M.D., Sacramento, Cal.

Optic Neuritis due to Menstrual Disturbances.—Dr. DeBeck, in a paper read before the Cincinnati Academy of Medicine, describes six cases of optic neuritis, which he had diagnosed as originating from menstrual irregularities. The first patient was a well-developed, somewhat anemic, girl, æt. 21. Menstrual flow, which appeared at 17 years of age, had been irregular and scanty until about a year ago, when it became more regular, but painful. During this year she had a nervous attack which left her unconscious for seven days, and also had frequent attacks of severe frontal headache; vision had been failing for two months and was reduced to counting fingers at four feet. A well marked double optic neuritis was present. After taking $\frac{1}{100}$ grain of phosphorus and $\frac{1}{60}$ grain of strychnine, three times daily for two months, vision improved to $\frac{20}{55}$. The second case was in a girl æt. 20, whose general health and family history was good. She began to menstruate at 18; menstrual flow was irregular, scanty, excessively painful, and of late had entirely ceased. Three weeks before examination the sight of the left eye began to fail, and continued to grow worse until vision was reduced to counting fingers at five or six feet. She took $\frac{1}{60}$ grain of strychnine three times, and part of the time five or six times, daily, and leeches were applied about the eye. At the end of ten weeks' treatment, vision increased to $\frac{20}{30}$. The third patient, æt. 20, began to menstruate at 17. The flow had been very irregular and scanty, but not accompanied with pain. When first seen, three weeks after symptoms were noticed in left eye, sight was reduced to counting fingers at two feet—vision in right eye normal. Treatment was the same as in the last case, and in ten days vision had increased to normal. The fourth patient was a married woman, æt. 22, who had had irregular, painful and profuse menstruation for two years past, since the birth of her only child. Ten days previously she had noticed that vision of left eye was impaired and found to be $\frac{30}{50}$; right eye was normal. Strychnine was administered and in one week vision increased to $\frac{20}{30}$. Case five was a married woman, æt. 30. She was the mother of three children, the youngest being only five months old. She recently suffered a severe mental shock, the mammary secretion had dried up, and menstruation became profuse, prolonged and exhausting. Vision was found to be $\frac{20}{70}$ in left eye, and $\frac{20}{20}$ in right. Distinct optic neuritis. After taking strychnine for two months sight improved to $\frac{20}{40}$. The sixth patient was æt. 23 and unmarried. She was well devolped and in good general health, with the exception of being anemic. Menstruation had been suppressed for two years. Three months ago the vision of the left eye began to fail, until it was, at the first examination, reduced to the perception of light; normal vision in right eye. The optic disc appeared to be in a condition of subsiding neuritis. She was ordered strychnine, iron and quinine. Sight had increased in nasal half of field of vision to counting fingers at two feet, but remained the same in temporal half. The author has classified the different menstrual disorders which tend to produce optic neuritis, as follows: (a.) Cases which occur in young girls where the menses fail to appear. (b.) Cases occurring in young women with tardy, scanty and irregular menstruation. (c.) Cases occurring in women after amenorrhea. (d.) Cases occurring immediately after the sudden suppression of the menses from cold, fright or any cause. (e.) Cases occurring from dysmenorrhea. (f.) Cases occurring from metrorrhagia. (g.) A small group of cases in which chronic metritis has lead to early atrophic changes in the uterus, scanty, irregular menstruation and sterility.—*Cincinnati Lancet-Clinic*, March 9, 1889.

DERMATOLOGY AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M.D., Sacramento, Cal.
And D. W. MONTGOMERY, M.D., Professor of Pathology, University of California, San Francisco.

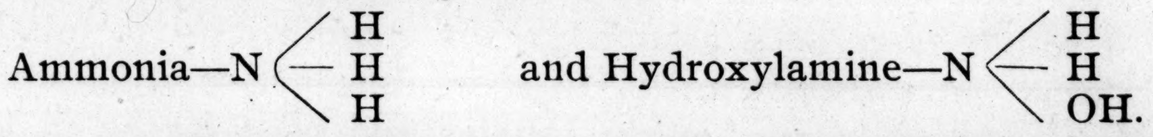
Treatment of Ringworm.—In the *British Medical Journal*, February 23, 1889, THIN has given the results of an interesting series of experiments on the value of some of the therapeutic agents employed in the treatment of ringworm. To determine the length of time the spores would retain their vitality under ordinary conditions, the hairs from each case were bunched together, wrapped in paper, labeled and laid away in a drawer. It was found that the fungus was alive and capable of being cultivated after exposure in this manner to the ordinary temperature of a room in London for eleven months. After two years and a half no cultivation could be obtained. To determine the action of drugs, a packet of hairs was taken, some of which were immersed for various periods of time in variable strengths of the drug, these "medicated" hairs were planted in tubes of nutritive gelatine. Untreated hairs of the same packet were sown in other tubes as a control experiment. After soaking hairs, loaded with the fungus, for two days in pure water the tricophyton still grew, on transference of the hairs to tubes containing nutritive gelatine; after seven day's soaking the fungus no longer grew. Olive oil was found to exert no detrimental influence whatever on the subsequent growth of the fungus. While in the oil it did not grow, but on removal, favorable conditions being present, the growth sprang up luxuriantly. The practical application of this is easily seen. Fine cultivations of the fungus were obtained after soaking twenty-seven days in olive oil. Similar experiments were made with lard and vaseline with a like result. Therefore these agents do not exert a sufficiently injurious effect on the life of the ringworm fungus to entitle them to be used as medicinal agents. Soapsuds were found to act very promptly. A slight growth was obtained after immersion for thirty minutes, but it is probable that it came from spores in the centre of the hair where the soap had not had time to penetrate. Soft soap was found to be swifter and surer in its action; contact for thirty minutes completely sterilized the hairs. He concludes from these experiments that the action of simple soap and water, unless when greatly prolonged, will not destroy the power of growth of even those spores in the scales of the scalp. A very weak solution (one per cent.) of acetic acid was found to sterilize the fungus, but, on the other hand, a one per cent. solution of carbonate of soda did not sterilize after three day's contact. Having determined that simple fat was not a parasiticide for this particular fungus, it became of interest to ascertain if certain substances in the form of ointments were of any value. Sulphur ointment (30 gr. to 1 oz.) was found to sterilize the hairs completely in two hours, and contact for one hour acted very deleteriously on the life of the fungus. White precipitate ointment (31 gr. to 1 oz.) was not so active. After emersion of hairs for two hours in the ointment the fungus still grew. Citrine ointment was found to be very active.

Reduced to quarter strength it sterilized after contact for one hour. Croton oil was experimented with, having been highly recommended of late in the treatment of ringworm. After hairs had been soaked for seven days an abundant growth was obtained. Croton oil cures by the congestion and inflammation set up in the scalp, and not because of any antiparasitic property. Thin reiterates what he has already taught in his book on Ringworm, that to cure this disease it is necessary to keep up a certain amount of congestion in this affected area; and the means by which this congestion is to be brought about and maintained, must, after all, rest with the doctor, and also with the particular case to be treated. Of course every physician has some favorite drug, and he ought to choose those he can use best. On the other hand, the tissues of patients reäct differently to the same stimulant, and what would cause a slight amount of congestion of the scalp in one patient might in another cause a violent dermatitis.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Clinical Medicine, University of California, San Francisco.

Hydroxylamine.—Hydroxylamine is a new dermatological remedy, which has been described (*Virchow's Archiv.*) by PROF. BINZ, celebrated pharmacologist. He has carefully tested its chemical properties, and states that this compound will probably be found most valuable in the treatment of those skin diseases which, like psoriasis, require a strongly reductive medication, as is obtained by chrysarobine, pyrogallic acid, etc. It was discovered by Professor Lossen in 1865 as a derivative of ammonia by the substitutionof one H by OH, thus:



$$\text{Ammonia—N}\begin{cases}H\\H\\H\end{cases}\quad\text{and Hydroxylamine—N}\begin{cases}H\\H\\OH.\end{cases}$$

It is not possible to obtain it as a stable body, but only in aqueous solution, or as a salt. Its combination with hydrochloric acid as hydroxylaminum hydrochloricum appears to be best adapted for therapeutic purposes. This compound has the formula NH_2, OH, HCL. It forms well marked, colorless and highly hydroscopical crystals, which are easily soluble in water, glycerine and alcohol. The solutions color blue litmus paper deep red, but do not make congo paper (Merck) blue, as the acid reaction is not due to free hydrochloric acid. Lossen originally prepared the drug from nitric acid ethyl ether, by reduction with granulated tin, but a number of other methods have since been described, the most modern of which, and apparently the best suited for manufacture on a large scale, is that of combining sulphite and nitrite of sodium, by which means a salt is obtained that on being exposed to heat, yields sulphate of hydroxylamine. From this latter the hydrochloric salt is obtained by the addition of chloride of barium in the necessary quantities. Hydroxylamine is also used in photography and as a reducing agent in chemical analysis. Its value in dermatology also lies in its reducing powers, which render it a powerful poison for microörganisms. Dr. Eichhoff, of Elberfeld, has employed it in five cases of lupus vulgaris, five of ringworm of the scalp, and one of sycosis of the face. The results were very satisfactory, especially in the lupus cases. It was applied in an alcoholic solution, made according to the following formula: Hydroxylamine Hydrochloric, 0.1; Spirit. Vini; Glycerine, pur. aa 50.0; the affected parts to be painted with it three times a day. A stronger solution is apt to act as a very powerful irritant, and even in this concentration the reaction produced by it is often exceedingly severe, inflammation and even suppuration being occasionally the result. With the necessary precautions, however, very remarkable results are obtained, and the drug may be warmly recommended for further trials.

Creasote in Phthisis Pulmonalis.—DR. BEVERLEY ROBINSON has given (*American Journal of Medical Sciences*) to the profession the results of his experience with the drug during a number of years. The theory that its good effects are due to a local antiseptic action are negatived by the fact that creasote has failed to destroy the bacillus tuberculosis even in the proportion of 1:1000. Dr. Robinson is of opinion that creasote acts beneficially by promoting the growth of fibrous tissue around an area of consolidated or broken down lung structure, while at the same time it, in some way or other, favors general nutrition. Many failures are due to the quality of creosote used, the only reliable preparations being Morson's or Merck's. His custom is to give small doses, frequently repeated, the daily amount taken by each patient being from 6 to 8 minims. His favorite prescription being:

℞.—Creasoti (beechwood)	M vi	
Glycerini	℥ i	
Spt. Frumenti	℥ ii	M

Sig.—One teaspoonful every two or three hours.

His best results have been attained by the combined use of inhalations with internal administration. 15 to 20 minims of a solution similar to the following were dropped on an inhaler, and used by the patient at least three times in twenty-four hours:

℞.—Creasoti	ʒ i	
Alcoholis	℥ ss	M

Sig.—Inhaling fluid.

In closing his paper Dr. Robinson says: "I am convinced that we have in beechwood creasote a remedy of great value in the treatment of pulmonary phthisis. Not only does it lessen or cure cough, diminish, favorably change, and occasionally stop sputa, relieve dyspnea in very many instances; it also often increases appetite, promotes nutrition, and arrests night sweats. It does not occasion hemoptysis, and rarely causes disturbance of the stomach or bowels, except in cases where it is given in too large doses. There is a fair amount of evidence to show that by its long continued and judicious use, it may and will modify favorably the local changes in pulmonary phthisis. That in all cases the nutrition is the cardinal factor to be always kept in view in the treatment of pulmonary phthisis, no matter what method or course be followed, is, I believe, as true to-day as it always has been from the clinician's standpoint, and without regard to the passing theories which may be adopted in regard to the precise *rôle* or influence of microbes in the pulmonary structures."

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, Cooper Medical College, San Francisco, Cal.

The Treatment of Croupous Pneumonia with Iodide of Potassium.—L. NILLSON (*Nordiskt-Medicinskt*, Bd. xix, No. 26) treated with iodide of potassium from June 1, 1886, to March 1, 1887, 58 cases of croupous pneumonia. Three of these died, representing a mortality of 5.17 per cent. The rate of mortality in his cases prior to the use of iodide was, in 1882, 16 per cent.; 1883, 19 per cent.; 1884, 11 per cent., and in 1885, 10 per cent. The dose for adults was 1 gm. every three hours, day and night. On an average each patient consumed from 40 to 50 gm. of iodide of potassium. —*St. Petersburg. medicin. Wochenschrift*, Feb. 2, 1889. [Ample clinical evidence from other sources exists, demonstrating the remedial value of the iodide of potassium in this as well as other infectious diseases. When we remember the important *rôle* played by syphilis in the etiology of disease, and how extremely difficult it is to effectually destroy its manifestations, it will be admitted that the syphilitic virus materially influences the course and prognosis of not only infectious, but other diseases. Even though its manifest symptoms are wanting, latent syphilis must be assumed, when on the invasion of a disease syphilitic signs, previously absent, have been provoked. It has always been my custom, in the treatment of infectious or other diseases, to administer large doses of the iodides, when any evidence exists of former syphilitic inoculation, A. A.]

The Treatment of Tabes by Suspension.—PROF. CHARCOT, in a lecture on this new and interesting method, says that it was first suggested by Dr. Motchoukowsky, of Odessa, who observed in a tabetic patient who had been suspended by Sayre's apparatus for the treatment of scoliosis, a marked amelioration of the lancinating pains, and other symptoms peculiar to this disease. The appliance necessary for this treatment consists essentially of the Sayre's suspension apparatus. The patient is elevated one or two feet from the ground, and left suspended from one to two minutes at the first sitting; the time being gradually extended at subsequent sittings from two to three minutes. The sittings are repeated not oftener than two or three times a week. Charcot expresses himself as being surprised at the results thus far attained. All the cases treated showed fully developed symptoms of tabes. He has practised the suspension treatment 900 times, and the results have surpassed his anticipations. The following cases were reported: A patient, aged 50, who had been relieved of his lancinating pains and symptoms of incoördination, and who had regained his sexual power. The improvement in this case was noted after the third suspension. A second patient, with pronounced ataxia, showed sudden cessation of lancinating pains, which did not recur after six weeks. The ataxia in this case was so much benefited "that the patient can step from a vehicle while in motion." Micturition, as well as the sexual power, was improved. A third case, that of a man who came to the clinic attended by his wife, on whom he rested for support, now comes alone from a long distance, without even the aid of a cane. A fourth case, that of a tabetic individual with a neuropathic history, experienced relief in the early part of the treatment, which, however, was followed by a relapse.—*Gazette Hebd. de Med. et Chir.*, January. 25, 1889. [I have tried the suspension treatment in a few cases, with apparently encouraging results. In one case with well developed tabetic symptoms, showing trophic articular changes, amelioration was first noted by the patient with reference to his sexual power. For more than fifteen years he was deprived of all sexual feeling. After the first suspension erections occurred, accompanied by desire. A second patient, in the third stage of the disease, and who had had no erection for five years, declared after the suspension had been employed "that he had a new lease on life." The ataxia and lancinating pains were benefited. He has had, since the commencement of treatment, almost nightly seminal emissions. In a third patient, with ataxia equally developed in the upper as well as the lower extremities, no improvement was experienced with reference to sexual functions, although the symptoms of incoördination were very much improved. Perhaps the benefit thus far observed in these cases is only temporary, and due to the irritation consequent on tension of fibres which have escaped degeneration, A. A.]

Aortic Aneurisms.—LITTEN cautions us against mistaking aortic insufficiency for aneurism. The former will often occasion dullness in the upper part of the sternum, pulsation in the jugular fossa, difference in the pulses, etc. He agrees with Schmidt and Stokes in maintaining that an aortic aneurism not complicated by a valvular lesion need not necessarily induce an hypertrophy of the left ventricle. On the contrary, even atrophy of the myocardium may exist, a condition which can be explained by diminished blood supply, superinduced by pressure on the pulmonary artery. The capillary pulse observed on ophthalmoscopic examination is often present, even when aortic insufficiency does not exist. The dyspnea, in nearly all cases, can be explained by compression of the bronchi. Contraction of the pupil on the affected side, due to pressure paralysis of the sympathetic, is often observed. Dysphagia may occur in paroxysms and is explained by vaso-motor influences which regulate the filling of the blood vessels.—*Muenchener med. Wochenschr.* March 12, 1889.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By W. H. MAYS, M. D.; Professor of Mental Diseases and Medical Jurisprudence, University of California, San Francisco.

Home Treatment of Insanity.—A very thorough article on this subject, by DR. L. C. GRAY, appears in the *American Journal of the Medical Sciences* for January. A suspicion is cast upon the mental integrity, throughout the whole future career, of the individual who has been sent to an asylum. But if the case could have been treated at home, his disorder regarded by the laity as brain fever, delirium, etc., the matter would soon have been forgotten in business and social circles. For many curable insanities, no one can take the place of the mother, wife or sister, who watch the patient and the patient's nurse with the keen eyes of affection. There is no reason why a case of insanity should not be treated at home when it is possible to do it. Cases favorable for home treatment are as follows: (1) Mania of a mild type, where the delusions or hallucinations are slight. Most of this class recover within a year. (2) Mild cases of melancholia, when not of the agitated, violent or stuporous variety. The great danger with this class, however, is the tendency to suicide. (3) Puerperal insanity and the post-febrile insanities. These are of good prognosis. (4) Many cases of primary dementia in young individuals. (5) Hysterical, periodical and circular insanities. (6) The insanity of childhood and pubescence. In treating a case at home it is necessary to protect the patient and those around him, to control unnecessary expenditure of energy, to relieve insomnia and to maintain the general health. In allaying excitement, hyoscyamine is best in cases of mania; opium in melancholia. Combine with the bromides, in either case, taking care not to depress the patient. Merck's crystallized hyoscyamine in tablets is the preferable form, the dose being from a hundredth to a fiftieth of a grain twice a day. Of opium, the aqueous extract deserves the most confidence. It may be administered hypodermically twice a day, commencing with a quarter-grain dose, and gradually increased according to the judgment of the physician. It should not be suddenly stopped, but the terminal doses gradually diminished. It seems to have quite a different effect from morphine, being less liable to cause constipation. Combat the insomnia with sulfonal or paraldehyde.

Paraldehyde Habit.—A case of addiction to this comparatively new narcotic is related by DR. HUGHES in the *Alienist and Neurologist.* A maiden lady was induced by her physician to give up the use of morphine and chloral, but she acquired in their stead the habit of consuming paraldehyde, to the amount of an ounce or more daily. She cannot sleep unless under its influence, and when deprived of it for a few hours she is languid, restless, depressed, and suffering physical pain. Treatment which included the withdrawal of the drug was not agreeable to the patient, and the doctor was compelled to leave her to her fate.

PUBLIC HEALTH.

By W. R. CLUNESS, M.A., M.D., Sacramento, Cal.

Mortality.—The deaths registered in 65 town districts of the State during he past month, in a population of 744,800, correspond to an annual rate of 14.58 a thousand, the total mortality reported having been 905. 77 deaths were due to zymotic diseases, giving an annual rate of 1.24 a thousand. Of these 29 were due to diphtheria, 8 to scarlet fever, 5 to measles, 4 to whooping cough, 20 to typhoid fever, 4 to cerebro-spinal fever, 5 to cholera infantum and none to diarrhea and dysentery. 259 deaths resulted from diseases of the respiratory organs, giving an annual rate of 4.17 a thousand. Of these 157 were due to consumption, 76 to pneumonia, 7 to pulmonary congestion and 19 to acute bronchitis; the rate being for consumption and pneumonia, respectively, 2.53 and 1.22. The average annual death rate from all causes, occurring in the ten largest cities and towns in the State, and representing a population of 593,000, was 14.08. The highest rate for the month, occurring in cities having a population of 10,000 or more inhabitants, was reported from San Francisco, the lowest from Santa Barbara.

METEOROLOGY.

By J. W. ROBERTSON, B.A., M. D., Resident Physician and Superintendent Home of Inebriates, San Francisco.

California—Tabular Statement for March, 1889.

STATIONS.	Temperature.						Rainfall.		Mean Relative Humidity	Weather.			Wind.	Furnished by—
	Mean	Highest	Lowest	Mean Highest	Mean Lowest	Mean Daily Range	No. of Days Rain Fell	Total Rainfall		No. of Clear Days	No. of Fair Days	No. of Cloudy Days	Prevailing Direction.	
Auburn ....Cal.	55.6	79.0	38.0	....	....	....	......	9.57	....	......	......	......	S.	Southern Pacific Co.
Berkeley......... "	....	....	....	....	....	....	......	....	....	......	......	......	....	Obs. Univ. of Cal.
Colfax............ "	51.0	76.0	34.0	....	....	....	......	13.90	....	......	......	......	SW.	Southern Pacific Co
Eureka........... "	52.0	66.0	39.0	58.8	45.7	13.2	15	5.91	82.4	2	11	18	SE.	Signal Service U.S.A.
Fresno........... "	58.0	84.0	38.0	70.3	46.5	23.7	6	2.07	72.2	12	8	11	E.	" " "
Keeler. .... "	53.2	75.0	36.0	63.0	44.2	18.8	5	0.52	45.5	14	14	3	N. & S.	" " "
Los Angeles.... "	56.8	81.0	44.0	69.1	49.4	19.8	7	6.48	76.8	9	18	4	W.	" " "
Monterey .... "	56.1	68.0	42.0	....	....	....	......	3.58	....	......	......	......	SE.	Southern Pacific Co.
Napa............ "	....	....	....	....	....	....	......	....	....	......	......	......	....	Sta. Napa Ins. Asylum
Oakland......... "	....	....	....	....	....	....	......	....	....	......	....	....	....	J. B. Trembley, M.D.
Paso Robles.... "	54 3	76.0	32.0	....	....	....	......	5.55	....	......	......	......	S.	Southern Pacific Co.
Red Bluff....... "	56.8	82.0	42.0	66.5	47.2	19.3	15	6.83	68.8	9	9	13	S.	Signal Service U.S.A.
Sacramento. ... "	57.0	76.0	41.0	66.3	41.2	17.3	14	6.25	76.2	6	12	13	SE.	" " "
San Diego....... "	58.2	80.0	45.0	67.2	51.1	16.2	6	2.20	79.8	14	8	9	NW.	" " "
San Francisco.. "	55.6	79.0	47.0	63.5	50.9	12.6	16	7.78	79.4	4	20	7	SW.	" " "
Santa Barbara.. "	....	....	....	....	....	....							....	Hugh D. Vail.
Santa Cruz...... "	56.3	78.0	41.0	....		....	......	6.76	....	......	......	......	S.	Southern Pacific Co.
Yuma..........A. T.	65.8	90.0	44.0	79.9	51.3	28.6	5	0.24	49.1	21	6	4	NE.	Signal Service U.S.A.

Blank (......) indicates data missing.

Occidental Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: MAY, 1889.

THE MEETING OF THE STATE SOCIETY.

The Nineteenth Annual Meeting of the State Society has been in every respect a most successful event. The attendance at the sessions was good, and a general interest was manifested in the proceedings. Thirty-four new members were added to the roll of the Society. Some inconvenience was at first experienced in the absence of a quorum of the Board of Censors, but the minority present worked diligently and faithfully. This indicates that in future the members of the Board should be residents of the place of meeting, so as to insure the attendance of a majority. The papers, as a whole, were fully up to the usual standard, and some were of more than ordinary excellence. An increased interest was manifested in the discussions, which have now become a leading feature, and the efforts of this journal in fostering and preserving them have been gracefully acknowledged by the Society. We have much pleasure in directing attention to the full report of the proceedings, which appears in this issue. The exhibition, which we notice at length elsewhere, was on a more extensive scale than that of last year, and the large attendance of visitors is the best argument for ensuring the permanency of this attraction.

The Society has elected as its President Dr. Walter Lindley, of Los Angeles, and has selected that city as the place of next meeting. The position of this journal on what we believe to be a question of vital importance is well known. We trust that this is the beginning of a new era, which will effectually arrest that most destructive tendency to centralization, which has been manifested within the last few years. There are now several cities in the State whose material prosperity and phenomenal growth have provided facilities for the entertainment of large assemblies, and it rests only with the local profession to extend an invitation, which will surely be accepted. We are sincerely gratified at the course which the

Society has adopted, and we have no doubt that the meeting of 1890 will prove the wisdom of the selection. Dr. Lindley, as First Vice-President, has shown that he is a most competent presiding officer, a very necessary qualification to ensure the success of a meeting. He has youth, energy and ability on his side, and the powerful incentive that the first meeting in Southern California should be as successful as any that have been held. The Society is assured of a most hearty welcome on the part of the profession in Los Angeles, and of the accession of not less than fifty new members.

The Society has adopted a new constitution and by-laws, which have been badly needed. The more important amendments which were incorporated have been noticed elsewhere. The selection of the place of meeting will in future precede the election of officers, an arrangement which will tend to materially simplify matters by indicating the locality from whence certain officers should be chosen. A most important change has been made in the constitution, which provides that as membership in the State Society can only be obtained through membership in the local Society, where one exists, so membership can only be retained by *continuous* membership in the local Society under similar circumstances. The section now reads: "Any member * * * must be so dropped upon the revocation of his certificate, expulsion by the local Society, or by an intentional permanent withdrawal from the local Society, within whose bounds he resides." This simply conforms to the rule of the American Medical Association, which reads, "also that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership; the Secretaries [of medical societies] *are by special resolution* requested to send him annually a corrected list of the membership of their respective Societies." We believe that, more than anything, this will greatly strengthen the local Societies and unite them more firmly with the State organization. It has been not unusual in the past for gentlemen to join the local Society, and through it the State Society, and subsequently, from indifference or some fancied grievance, resign their membership in the former while retaining it in the latter. Every member of the regular profession outside of the jurisdiction of a local Society when resident within its bounds is a source of weakness, and no effort should be spared to secure and retain all who are not disqualified for membership. It is amazing that any opposition should have been encountered to this amendment, and it is not surprising that the arguments against it were both selfish and illogical. It was urged that the clause should not be made retroactive, which would in effect impose a restriction which is self-operating upon all future members while exempting those now on the roll. This proposition is perfectly indefensible by any argument in social or political economy, and we think that its injustice will readily be perceived upon reflection. Cases were also cited in which a number of reputable practitioners in a district had not joined the existing Society. Without entering into the merits of any particular case, it is obvious that they, too, can organize and obtain recognition from the State Society, and failure so to do should be used as evidence against them. We would further suggest that gentlemen who refuse to join or who resign from a local Society for purely personal reasons may rest assured that if certain members are objectionable to them there must be several to whom they are equally obnoxious. One most desirable result of this change will be to refer many of the vexed questions upon the admission or expulsion of members, which in times past have produced unseemly contests, to the proper tribunal—the local Society—for decision. Finally, we say to any member who may feel aggrieved, that the remedy lies in his own hands.

DR. W. H. MAYS.

Dr. W. H. Mays, a prominent physician in San Francisco and a member of the staff of this journal, has been subpenaed to San Bernardino, to testify as an expert on insanity. He has been compelled to leave his business, regardless of the injury which may accrue to his interests; regardless of the irreparable damage that might be inflicted upon patients under his charge. At San Bernardino he has been ordered to testify without fee or reward, and, upon refusal to do so, has been summarily committed to the county jail.* This is a legal outrage, and the more outrageous that it is legal. It is contrary to all principles of equity that any citizen should be compelled to appear and testify in a case concerning the facts of which he is absolutely ignorant. There can be no right justifying such a course, but it is outrageous when, in addition, great inconvenience and serious pecuniary loss is inflicted without compensation. Dr. Mays stated this very clearly when refusing to testify at San Bernardino. He says:

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*The doctor subsequently testified under protest and was released.

> "I have in the course of my life devoted my attention, my time and many years to the acquisition of certain knowledge; that knowledge is my stock in trade. It is my personal property; and certainly I do not feel that any one has a right to confiscate it without paying me for that knowledge. Judge Garber, of San Francisco, only six weeks ago, in the Lundquist murder trial, expressed himself as unqualifiedly in favor of the payment of medical experts. He stated that in no case, as long as he presided over a court, would he require the particular special knowledge of medical men who had spent the best years of their life to acquire it, to be given up to any one without payment."

The State has a right to the services of its citizens in the administration of justice, in their capacity as citizens. It has no right to deprive anyone of his means of livelihood and extort from him without compensation that whereby he earns a living. This case is a particularly hard one, and we will give Dr. Mays' own statement as it appeared in the local paper:

> "I was called here last month and traveled a thousand miles, leaving my practice, only to arrive and find that I had been summoned on a fool's errand, and that the case had been postponed a month. I am now again away from my practice; it will have been a week before I get back, and I do not suppose it is possible for the court or anyone to realize the immense wrong that it is to take me from my practice in this manner. The loss is far-reaching and irrecoverable."

Recognizing the manifest injustice of this procedure, several States have passed laws granting compensation to experts, and the need of a similar measure in California is apparent, as the present statute * is too general in its provisions. In this matter, as in all others which concern its material interests, the profession is alone to blame. With an indifference and apathy that is shameful, it allows itself to be browbeaten upon all occasions. It performs a vast amount of gratuitous public service, while its motives are usually misinterpreted and often perverted when endeavoring to promote the general good of the community. Its organization is ample; it needs only to work unanimously to ensure success. The question of compensation for experts and of ensuring the liability of the prosecution for costs in actions for malpractice, should engage the immediate and continued attention of the

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*Statutes of 1871–2, p. 81, Sec. 2.

profession of this State until the matter has been satisfactorily adjusted by legal enactment.

NOTES.

Archives of Pediatrics.

Commencing with the April number, the *Archives of Pediatrics* has been increased to eighty pages. It contains besides the regular monthly contributions by Jacobi on the "Therapeutics of Infancy and Childhood" and Forchheimer on the "Medical Diseases of the Mouth," a variety of interesting papers, and a number of brief and practical abstracts from current literature.

Convention for the Revision and Publication of the United States Pharmacopeia.

A call has been issued for a General Convention, to assemble at Washington, D. C., at noon of May 7th, 1890, for a revision and publication of the United States Pharmacopeia. Every Medical or Pharmacal College, Association or Society desiring to be represented in the Convention must send its corporate title and list of officers to Robert Amory, President of the Convention of 1880; care of Dr. Edwin H. Brigham, 19 Boylston Place, Boston, Mass.

Percentage on Prescriptions.

DR. G. F. G. MORGAN, of Olema, uses some very strong language in the *Druggists' Bulletin*, in connection with this most reprehensible practice. He says: "The whole percentage business is a reproach to any physician who engages in it. I call it stealing. It is altogether too common on this side of the Rocky Mountains." We do not believe that the profession on this Coast are any worse than their brethren elsewhere, but we know that the practice does exist, and, as it is contrary to all professional custom and usage, it cannot be too strongly condemned.

California College of Pharmacy.

The Seventeenth Annual Session of the College of Pharmacy commenced on Monday, April 1st, with a large class of students. Addresses were delivered by Dr. S. H. Melvin, President of the College, and Professors E. W. Runyon, W. M. Searby and W. T. Wenzell. Considerable satisfaction has been expressed with the improved facilities for instruction afforded by the new Pharmaceutical and Analytical Laboratory, which is now fully equipped and has been placed under the care of Professor Wenzell. We note some important changes in the curriculum; the number of lectures having been materially increased; important additions have also been made to the Museum, and the College is now better equipped than ever for the practical teaching of Pharmacy.

College of Medicine of the University of Southern California.

The Commencement Exercises of the College of Medicine of the University of Southern California were held on Friday evening, April 12th, at the Fort-street Methodist Church. There was a very large attendance. After prayer by the Rev. Dr. Hutchins, the Rev. M. M. Bovard, D. D., President of the College, delivered an address. He spoke of the work that had been done and of that which remained to be accomplished, and alluded at length to the history of the College. The valedictory, which was delivered by Mr. E. L. Puett, contained a great deal of good advice to students. Dr. J. P. Widney, after making a few appropriate remarks, presented the graduates with their diplomas. Dr. Walter Lindley then delivered the address on behalf of the faculty. He alluded to the importance of the occasion, to the responsibility which rested alike upon teacher and student, which demanded of the one the rejection of those not qualified, and of the other thorough preparation. He congratulated the College on the success which had hitherto attended their graduates, and of the competence which they had exhibited. He alluded to several important points in connection with medical practice, and said, among other things, that one word expressed from a practical standpoint the successful practitioner's motto in the treatment of disease: that word was *cleanliness*; he meant by this not the ordinary cleanliness of the toilet, but *surgical cleanliness*—the absolute destruction of all poisonous organisms. The exercises concluded with a benediction by the Rev. R. S. Cantine. The graduates were George W. Campbell and E. L. Puett.

What Constitutes a Volume.

The following, from the *St. Louis Medical and Surgical Journal*, anent a little pleasantry, or ignorance, on the part of a local contemporary, is published without comment: "The OCCIDENTAL MEDICAL TIMES and the *Pacific Medical Journal* are indulging in a little dispute as to what constitutes a 'volume,' the former holding that a publisher can begin and end a volume whenever he sees fit (or, in other words, can make the issues any fraction of a year constitute a volume), and the latter that the 'volume' must embrace all the issues of one year. In the course of the argument, the OCCIDENTAL MEDICAL TIMES referred to the habit of the 'oldest medical monthly,' the *St. Louis Medical and Surgical Journal*, of dividing its annual issues into two volumes, as proof of the correctness of its position, and to this the *Pacific Medical Journal* retorts, 'the oldest medical monthly' does *not* run two volumes a year. Volume thirty-one, closed last December, contained twelve numbers and 768 pages. The *Pacific Medical Journal* is entirely wrong, not only in its position but in its statement of facts. The *St. Louis Medical and Surgical Journal*, with its last December number, closed its fifty-fifth volume and forty-fifth year, having been founded in 1843 and published continuously every month since its first appearance. For thirty-five years its issues constituted but one volume annually, but in 1878 a change was made, and, for convenience in binding, the issues were divided into two volumes annually. Webster defines a volume as 'a collection of printed sheets bound together, whether containing a single work, or part of a work, or more than one work; especially that part of an extended work which is bound up together in one cover.' "

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, March 20, 1889.

The President, J. R. LAINE, M. D., in the Chair.

Election of Officers.—The following are the office-bearers for the ensuing year: President, A. E. Brune; Secretary and Treasurer, F. L. Atkinson; Directors—The President and Secretary-elect, W. R. Cluness, G. L. Simmons, and H. L. Nichols.

Fractures of the Tibia and Fibula.—DR. G. A. WHITE read a paper upon this subject. Having enumerated the varieties and causes of these injuries, he said that simple fracture of the tibia was not a very common accident. When sufficient force to break the shaft was applied there was usually some comminution. Compound fractures of this bone were more frequent than in any, if not all, other bones of the body. The most common fracture of the tibia was that occurring at its lower end. This was frequently associated with rupture of the internal lateral ligament and partial dislocation of the ankle joint. There was often fracture of the internal malleolus. This injury had been described as "Pott's fracture." The treatment of this injury, if we believe most of the authorities, is extremely simple, requiring only the application of a well-padded Dupuytren's splint. If, under this method, the patient recovers without a stiff ankle, the surgeon is to be congratulated. Unfortunately such a happy result does not often occur. In his experience in the majority of cases the joint injury had been of more importance than the fracture of the fibula. Moreover, where an irregularity occurs in the line of fracture of the malleolus, a perfectly successful result is extremely doubtful. In these cases under ether the joint should be carefully examined, the fracture adjusted, and the normal relations restored as nearly as practicable. His own practice was to encase the leg and foot in a well-padded splint of felt or binders' board, previously softened by hot water, and moulded to the limb and secured by a bandage. A modified Dupuytren's splint is sometimes attached to this dressing to stiffen it, and to maintain the foot in its proper direction towards the middle line; finally the limb is placed upon a pillow, lifted into a fracture box and secured by straps. Immobility is maintained for two weeks, when passive motion should be begun, and kept up with gentleness and persistency to the end of the treatment. When these details had been faithfully carried out he had obtained his best results. He did not favor an immovable plaster or starch dressing for this class of injuries. Instead of the fracture box the limb could be suspended with much comfort to the patient. In comminuted fractures a fragment will sometimes become wedged between the ends of the shaft and render adjustment impossible. Here two courses were open: (1) To convert the comminuted into a compound fracture, removing the offending fragment, and with it any others that prevent reduction, treating the case as a compound fracture; or (2) the bones may be placed and maintained in as good relation as possible, and union would usually take place. A large and unsightly callus, with perhaps some angular projection, usually followed. This might be improved by subsequently removing the projection. He believed that the first method was the proper one to adopt. Compound fractures were not now regarded with the same dread as before the days of antiseptics. Habitual drinkers were bad subjects for fractures, and he had met with several cases of delayed union amongst this class. Fractures of the upper end of the tibia, near to and involving the knee joint, require the exercise of great skill to prevent partial if not complete anchylosis. The patient must be etherized and the fracture placed in the best possible position, encased in a well-padded splint and suspended. Passive motion should be resorted to not later than three weeks and steadily persisted in every day or every second day. By this plan anchylosis is least likely to result.

Dr. T. W. Huntington, in opening the discusssion, said that he was glad that Dr. White, had introduced this subject. The treatment of fractures offers the widest scope for the surgeon to display his ingenuity. There was no uniformity in the treatment of fractures, and numerous appliances had been suggested. He believed that the gypsum splint as a primary dressing should be wholly discarded. Too much care cannot be exercised in the initial dressing of a fracture, as upon it the successful issue will greatly depend. This was especially the case in the fracture of the tibia and fibula. The foot should be kept at a right angle for good reasons, though no explanation of this almost universal rule was to be found in the text-books. Dr. R. M. Hodges, of Boston, has called attention to the fact that when the foot is extended a considerable portion of the articular surface of the astragulus is left exposed, upon which periarticular inflammatory products may be deposited, thus proving a permanent obstacle to the resumption of the normal movement of the joint. With the foot at a right angle the articular surface of the astragulus was completely covered by the lower extremity of the tibia. About three years ago he had exhibited a splint, for fractures of the extremities, to the Society. It was practically the wire splint of the Massachusetts General Hospital. He had used it constantly since then and was more pleased with it every day. In fractures of the lower extremity the support was required posteriorly to prevent that dropping of the fragments which was inevitable with any other method. The wire splint fulfilled this indication and also afforded a comfortable bed for the limb, while the joint above as well as below the fracture was immobilized. The foot could be maintained fixed at any angle.

DR. H. L. NICHOLS had used the old fracture box, which was a comfortable and effective dressing. It allows a free inspection of the seat of the fracture which is not covered by bandages as in most of the other apparatus.

DR. G. L. SIMMONS mentioned the case of a man who had fallen through the rafters of a house, fracturing the right ankle. There was a great deal of swelling and some shortening. The swelling subsided under the influence of rest and cooling lotions. Crepitus could then be distinctly felt within the joint, the width of which was considerably increased. A fracture of the astragulus was diagnosed. The case had done well, the man now being about with good use of the limb. In compound fractures with a tendency to the exfoliation of small pieces of bone, he had used diluted hydrochloric acid to dissolve the fragments of dead bone with very satisfactory results.

DR. C. B. NICHOLS said that it had been demonstrated that union would take place without immobility. As an instance, he remembered the cases of two sailors who had fallen from the rigging of a ship. One sustained a fracture of the femur, and the other of the tibia and fibula. The patients had been placed in hammocks, without any dressing, for a period of forty days. Good union had taken place in each case; in the injury to the femur the fracture had united at an angle.

THE PRESIDENT said that in fractures involving the ankle joint with sprain, he used the gypsum bandage after the swelling had subsided. It was firm, maintaining the parts in good position and affording excellent support.

Excision of the Hip Joint.—DR. W. R. CLUNESS reported a case of the excision of the hip joint. The patient had received an injury during the Civil War, which he believed was the starting point of the present trouble. He went into the history of the case (to be published) in detail, tracing its progress from the original accident to date.

DR. T. W. HUNTINGTON thought that the speaker had traced the history of the case very clearly to the original injury. He believed that that had been the cause of the bone disease.

DR. W. A. BRIGGS believed that there could be no question but that the injury received during his service in the army was the cause of his late illness.

DR. G. A. WHITE said that the first injury was no doubt the starting point of the trouble.

DR. G. L. SIMMONS concurred in the opinions which had been expressed regarding the connection between the old injury and the recent joint trouble.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting, March 12, 1889.

The President, GEO. CHISMORE, M. D., in the Chair.

Adenoid Growths in the Naso-Pharyngeal Cavity.—DR. M. C. O'TOOLE read a paper upon this subject. Several pathological specimens were shown, as well as the instruments used in their removal.

DR. J. H. STALLARD had had but little experience with these growths, but he thought that Dr. O'Toole had, beyond a doubt, demonstrated by these pathological specimens that they were follicular.

Regular Meeting March 26, 1889.

The President, Geo. Chismore, M. D., in the Chair.

Cholera.—Dr. W. P. Gibbons gave a partial review of the symptoms and comparative pathology of cholera asphixia from its appearance in 1832 until the present time. He said that the period might be appropriately divided into two epochs—from 1832 to 1853, and from 1853 to 1889. His remarks were confined to the first epoch, and reference was made to the various methods of treatment by opium, stimulants, prolonged friction and calomel. This last remedy he believed to be useful, because among its therapeutic effects were those of causing an increased excretion of bile and promoting diuresis, and these were also the earliest signs of recovery. Hence, calomel might have some influence in hastening the favorable change. In his experience the patients, although apparently in a comatose condition, were fully conscious of all that was going on around them.

The President had seen many cases of cholera, and had also suffered from it himself. When attacked, he took an emetic, followed by a dose of castor oil, fifteen grains of opium, and had his body swathed in mustard cloths. He soon became unconscious, and remained so for some hours. In the malignant type, where there were no prodromata. He was not aware of any treatment more efficacious than large doses of morphine, given by the hypodermic method. The latter epidemics did not appear to be so virulent, and this might be due either to an attenuation of the poison, or to a want of favorable conditions for the spread of the disease.

Dr. James Simpson had seen two epidemics, and in none of them did malignant cases recover, unless profound mental impression was made upon the patient. His main reliance was upon opium, camphor, brandy and friction, with careful attention to all premonitory symptoms.

The Suspension Treatment in Tabes.—Dr. A. Abrams reported that he had treated four cases of tabes dorsalis by the suspension method, the weight being carried chiefly by the chin and occiput. Impotency had disappeared in all of the cases, although in one it had been absent for fifteen years, but only in two of them had there been a return of sexual desire.

The President reported a case of cancer of the ureter. The patient had for some time been subject to hemorrhage, which apparently came from the bladder, as the blood in the urine remained fluid; fell to the bottom of the vessel; was bright red in color, and did not impart the smoky appearance which is believed to indicate a renal origin. After an examination of the bladder he concluded that the blood came from the kidney, one or both of which probably were malignant. The patient passed 208 grains of urea in twenty-four hours; pus and blood corpuscles, with a few granular casts, were from time to time found in the urine. An autopsy showed the bladder to be healthy, but there was cancer of one ureter, the kidney of the same side being slightly affected.

THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

Nineteenth Annual Meeting, held in San Francisco, April 17, 18 and 19, 1889.

First Day—Wednesday, April 17th—Morning Session.

The Nineteenth Annual Meeting was held at B'nia B'rith Hall. The Society being called to order by The President.

Address of Welcome.—H. H. HART, of San Francisco, as Chairman of the Committee of Arrangements, welcomed the Society to San Francisco, and extended an earnest greeting upon the event of the Nineteenth Annual Meeting. The local profession was determined to make the visit a pleasure, both intellectually and socially. For many consecutive years the Society had held its meetings in this city, and he hoped that all would be amply rewarded by the papers which would be read and discussed for the inconvenience of their journey hither. This was the largest medical organization west of the Rocky Mountains, and its transactions would be looked forward to with interest by those elsewhere. In conclusion, he invited the Society to a banquet, to be given at the Lick House after the close of the last session, by the medical profession of San Francisco, which he hoped that all would attend, and thus aid in carrying away none but pleasing recollections of the meeting.

Annual Address.—The annual address (published at p. 225) was then read by the President, JAMES SIMPSON, of San Francisco. He alluded to the sanitary legislation which had been accomplished during the recent session of the Legislature. He expressed himself very strongly on the subject of actions for malpractice, but believed that it would be injudicious for the Society to take any action on the subject. The excellent character of the medical law, which had been endorsed by the Society in 1888, was mentioned. Regarding the place of next meeting, the speaker said that the Society was in a measure committed on the question, and he believed that the next meeting should be held in Southern California. In conclusion, he alluded in brief but feeling terms to those members of the Society whom death had claimed during the past year. The following committee was appointed to report upon the recommendations contained in the President's address: J. H. Parkinson, C. C. Wadsworth and G. F. G. Morgan.

AFTERNOON SESSION.

Committee on Publication.—The report of this Committee, which had been printed in the transactions for 1888, was read by the Chairman, G. F. G. MORGAN, of Olema. The Committee recommended that all reports or papers should be handed in to the Secretary on or before the last day of the session, and that they should be so distinctly written as to enable the Committee to correct proof, and thus obviate the expense and delay of correspondence. The necessity of confining reports and papers within a reasonable limit was mentioned. The speaker stated that, at the suggestion of Dr. Plummer, the retiring President, the Committee had obtained permission from the editor of THE OCCIDENTAL MEDICAL TIMES to utilize the stenographic report of the discussions, as published by that journal, and the Committee, while thanking the journal for the courtesy, felt that the Society should recognize it.

Occidental Medical Times.—On motion of D. A. HODGEAD, editor of the *Pacific Medical Journal*, seconded by WALTER LINDLEY, editor of the *Southern California Practitioner*, the Society tendered a vote of thanks to THE OCCIDENTAL MEDICAL TIMES for the use of its report of the proceedings.

Committee on Mental Diseases and Medical Jurisprudence.—The report of the Committee on Mental Diseases and Medical Jurisprudence was read by J. W. ROBERTSON, of San Francisco. He said that while the subject of mental diseases is undergoing a state of transition, there is a foundation of well established facts, and pathology has done much toward placing it on a scientific basis. Among other subjects that are not definitely settled, none is of more importance than the causation of insanity, and especially the relation which it bears to civilization. The inquiry was directed first to the relation which society bears to insanity, and it was shown that to the liberality of the State in building pleasant homes, furnishing the best of medical care and comfortable surroundings, was due the congregating together of all that were insane, and many feeble-minded who were not, strictly speaking, justified in seeking a home at the State's expense. This resulted in unduly raising the ratio of the insane to the sane, and in attracting public attention in a way which would not have been done had the insane been kept in private asylums or secluded in their own homes. As to whether civilization possessed any intrinsic influence in the production of insanity there is serious doubt. If there was any actual increase in the numbers of insane throughout the whole civilized world, statistics have failed to show it. But statistics on this particular subject are not to be relied on, for parents and relatives are loth to admit the insane taint, and many who are actually insane remain out of asylums. The records of the Napa Asylum give only 213 out of 4,280 having heredity assigned as a cause. This is only 5 per cent., while all tables prepared with especial reference to the elucidation of this as a cause range from 40 per cent. to 75 per cent. As to whether education, refinement and the luxuries of modern civilization tended to the weakening of the will and degeneration of the brain there was grave doubt. It was shown that out of 2,700 males admitted to Napa there were only 33 professional men, and their downfall could be traced to heredity or bodily abuse rather than to undue brain work. There were only 230 who could be reckoned as belonging to the educated class, 450 who were artisans and the remaining 2,000 were either laborers or their occupation demanded no mental effort whatever. The asylums, in California at least, were filled with the scum of the earth, uneducated and of a low, brutish type. Attention was drawn to the large proportion of insane, there being one to every 300, but this was probably due to the large foreign population. A large foreign population and a large insane population go hand in hand; and the foreigners in this State, who constitute one-third of the population, furnish two-thirds of the insane. Change of diet, strange surroundings and mental worry were in part responsible for this, but some cases were so undeveloped, mentally, that their emigration must have been judiciously assisted. It was the vices of civilization that predisposed to insanity and provided so powerful an etiological factor in the abuse of alcohol. While this did not often result in insanity it indirectly was largely responsible. It was shown that the children of the intemperate inherited a neurotic taint, which in one or two generations resulted in epilepsy, insanity or idiocy. But this cause is self-limited, for at latest by the fourth generation the line becomes extinct. It was suggested that the spread of temperance would, in the course of a few generations, result in a check, and that in place of civilization producing insanity it would in time prove its greatest safeguard.

Dr. W. S. Whitwell, of San Francisco, in opening the discussion, said that the question whether or not civilization was a cause of insanity, was a difficult one to decide, especially from statistics which were often misleading. One of the chief causes of insanity and one on which the author had laid special stress, was heredity. This was a conclusion which must be reached by anyone who carefully examines the subject. Investigating this from the statistics of asylums, heredity appears to play an unimportant part. This was due to the objection on the part of friends or relatives of patients to admit the existence of the taint, but careful inquiry would reveal its presence in a very large percentage of the cases. Civilization through heredity might, therefore, be said to increase the number of insane. In barbarous nations heredity was not an important factor. Those that were mentally maimed were destroyed, either in early life or subsequently in the struggle for existence. In this way, not only was the existing insanity gotten rid of, but that for the future, we might say, was absent. The question whether the illiterate or the intelligent and educated man was most likely to become insane, was also difficult to decide from statistics. The figures from one asylum may show a very small proportion of professional men, while in those from another it may be very much increased. Here outside influences were at work in directing an increased number of one class to a particular asylum. As an instance: Some years ago a great deal of sympathy was excited for the governesses of England, as it was supposed that they were specially prone to insanity. It was found in the Bethlehem Asylum within a very short time that quite a large number were admitted, and it was concluded that this occupation was especially productive of insanity. An examination of the statistics from other asylums showed that this proportion was not the rule. The real factor was that the governesses, owing to pecuniary circumstances, did not seek admission to the private asylums; they did not care to go to the larger public asylums, and for certain other reasons a large proportion gravitated to the Bethlehem institution. In regard to uterine disease as a cause of insanity, its influence was formerly regarded as more important than is now believed. This had lead in a number of asylums to the appointing of ladies as physicians on the female side of the house. Miss Margaret Cleaves was one of the first appointed, and she took up the work with a great deal of energy, but after a nnmber of years experience she admitted that it was not so important a factor as had been supposed. She was led to this conclusion by the examination of a large number of women who were not insane, and on comparing the results with those from the asylum inmates, she found that there was more uterine disease amongst the sane. Removal of the ovaries as a curative measure had been mentioned, and it was a very interesting point. One of the cases mentioned had been under his charge and he remembered that she was then in a very excited condition. He had seen her since the operation and could vouch for the truth of the statement that she had been very much improved. He thought that there was certainly a field open in this direction for the operation. He was glad to hear Dr. Robertson express the opinion that none of the opium and cocaine habitués that were admitted to the asylums were insane. This had been his own experience, and he understood that they were to be refused admission into the larger asylums. What, then, is to become of them? The number is increasing; within the last year it had increased immensely. If refused admission to the asylums, what was to be done with them? They cannot be left to take care of themselves. He would like to hear this question freely discussed. The reason given for not admitting them is that they are not insane; they come to the asylum, and after a short sojourn are discharged cured and apparently healthy. Upon being released they fall into the same habit and are recommitted to the asylum.

Dr. J. H. Brainerd, of Los Angeles, wished to say a word regarding this question of opium habitués. He had seen but few cases of simple opium habit of late years. It had been said that these persons were not insane. It was very difficult to define insanity, and few authorities attempted it. He thought it would be agreed that the opium habitué loses his will power to a large extent; and also his sense of right and wrong. How much could we depend upon the word of an habitué, or upon his agreement to do anything? There are times when he actually has delusions; and we all know that he has hallucinations. If the presence of delusions, hallucinations and impairment of will power still leave a man *compos mentis*, then the speaker did not know what insanity was, or where the line between the sane and the insane should be drawn. What to do with them, was a serious question. Some of these cases did become persistently insane. He had seen a number of them where insanity had come on after the opium habit had been discarded. These cases should certainly be sent to the asylums. In this State the question of sending a person to an asylum was not is he insane, and may he be restored to sanity and to useful citizenship, but is he dangerous to property and life? As long as this was the standard by which insanity was determined, our asylums would be penal institutions, coming under the same category as houses of correction and penitentiaries. He thought that every one would agree with Dr. Robertson as to the mental status of men who come to the asylums. Allowance should be made for the class from which the inmates of a particular institution were drawn. In certain asylums in New York and Massachusetts we would not expect to find a large proportion of laboring men; the inmates come from the brain workers. But a large State asylum, such as that from which Dr. Robertson had collated his facts, might be taken as representing a fair average of the insane. The speaker had had occasion to look up the statistics in connection with some 8,000 cases, and he found that the professions had but a very small representation, the laboring classes being in a proportion of about 90 per cent. Regarding alcohol it was very difficult to obtain figures. The statistics ordinarily obtainable were those derived from patients sent to the insane asylums. From these you could not find more than one case in ten. On getting the histories of the cases, we find that alcohol, as a direct cause, does not play so important a factor as it does as an indirect cause. He had investigated some 90,000 cases, and found that the percentage attributable to alcohol was less than 8 per cent. His own experience in some four or five thousand cases satisfied him that the indirect proportion with which alcohol should be credited, was nearly 16 per cent.; and some even placed it at 25 per cent., though he did not think that this was justified. Regarding the influence that uterine diseases had in the production of insanity, the experience of Dr. Cleaves had shown that though a cause, it was not the sole one, as so many practitioners are inclined to believe. It was perhaps as important a factor as eye-strain, probably more so than ear trouble and not so much as catarrh. As to masturbation, while admitting that weakness of the intellect was sometimes caused by this habit, he looked upon it as a comparatively insignificant factor. He had found in 500 insane men that five of that number, under 50 years of age, were practising masturbation to a greater or less extent. It could hardly be regarded as a cause. It was the loss of self-respect and self-control which produced the weakness in intellect.

DR. M. M. CHIPMAN, of San Francisco, said that he had long been of the opinion that there should be separate institutions for the care and restraint of all classes who were unable to restrain themselves. When any person or individual loses his self-control, whether through alcoholism, opium or cocaine, and the State takes charge of him, there should be a separate asylum for the incarceration or care of that particular class to which he belonged.

DR. G. W. GRAVES, of Petaluma, in an experience of some twenty years in the examination of persons charged with being insane, remembered but one case in which the subject had been a professional man. He was a member of the legal profession, advanced in years, and the mental distress consequent upon pecuniary reverses had produced temporary derangement. The persons he had examined were, as a rule, quite illiterate.

Recommendations of the President's Address.—The Committee upon the recommendations contained in the President's address presented the following report: *County Societies.*—The Committee recommends that the names of officers and members of all County and District Medical Societies in affiliation with this Society be printed each year in its volume of transactions, and that continuous membership in a local Society, where one exists, be necessary for membership in this Society. *The Medical*

Law.—That this Society relies upon its members in their individual capacity to urge by every means the passage of the Medical Act which was endorsed at the meeting of 1888. *Place of Next Meeting.*—The Committee recommends that the next meeting of this Society be held in Southern California. *Sanitary Legislation.*—That this Society directs the attention of its members to the measures in connection with sanitary legislation recently passed by the Legislature, and advises that they familiarize themselves with said laws, and assist the State Board of Health and local Boards in their enforcement.

Report of Committee on Gynecology.—The report of the Committee on Gynecology was read by the Chairman, BEVERLEY MCMONAGLE, of San Francisco. He had selected as his subject Pelvic Abscess and its Treatment by Abdominal Section. Any collection of pus in the pelvis came within the meaning of this term. Its causes were disease of bones, inflammations of the cellular tissue, disease of the tubes or ovaries, periuterine inflammations, abscess of the uterus. Intra-peritoneal abscesses exceeded in gravity all other collections of pus within the pelvis. In abscess of the cellular tissue the fluid might extend in any direction. These abscesses had burst in such diverse situations as the iliac, inguinal, pubal and anal regions. The structure of the walls of these abscess cavities was very important in connection with treatment. The wall of a chronic abscess, as pointed out by Agnew, was a thickened, dense, fibrous structure, which externally had processes extending in various directions. The general rule should be to remove pus as soon as it was formed. The aspirator was apparently a very useful means, but, according to most authorities, its use should in these cases be restricted to purposes of diagnosis. Opening freely and draining through the vagina was a useful measure. He referred to an instrument devised by Dr. Cushing, which he had found most useful for this purpose. Lawson Tait's method of opening the abdomen, removing the sac contents by aspiration, and stitching it to the abdominal wall was a great advance. In following this method the speaker had found that in most cases a careful dissection enabled the thick abscess wall to be dissected out. He reported several cases of abscess treated by this method. In one case slight salivation followed washing out of the abdominal cavity with a solution of bichloride 1:10,000. All these operations were done as nearly as possible perfectly antiseptically. The spray was used in the room before, but not during the operation. Preparations were made under his personal supervision. All these cases had been treated scientifically previous to operation; the collections had been evacuated; the cavities drained, irrigated or curetted, and though some had been apparently cured for a time, all had relapsed. His conclusions were that the majority of pelvic abscesses in women are intrapelvic, involving the fallopian tubes and ovaries. The aspirator should be used with great caution. Section, evacuation and stitching the sac to the abdominal wall was good. Section and removal was better. Cellular abscesses can be opened through the vagina or between vagina and rectum, and opened and drained in this manner with safety and satisfaction.

DR. H. W. SMITH, of Placerville, had done some work in abdominal surgery. In using a 1:1000 sublimate solution he had seen slight salivation. Since then he had used boiled water, and his cases had done much better than with either carbolic acid or corrosive sublimate.

DR. E. A. FOLLANSBEE, of Los Angeles, said that she most heartily agreed with Dr. McMonagle in his views of the operative treatment of these cases. She had been using boiled water for about three years, and had found it perfectly reliable and much safer.

DR. W. R. CLUNESS, of Sacramento: said that it was a point of great interest to him what proportion of cases of pelvic abscess could be referred to gonorrheal infection. He observed that a discussion of very great interest had recently taken place in Boston, upon this subject and a variety of opinions had been advanced. Some maintained that this was the principal factor in the production of these abscesses. He had had some experience in these cases, and had observed that while a number of them were apparently consequent upon gonorrhea infection, yet a larger number had been the result of other causes. He would like to ask Dr. McMonagle's opinion upon the point.

Dr. J. Wagner, of San Francisco. It seems to me that this view of pelvic abscess following contagion from gonorrhea is not held at the present day. He was inclined to agree with Dr. McMonagle, that these cases were more frequently due to other causes. He had in mind three cases in which womon had been infected with gonorrhea by their husbands. Aside from the vaginitis considerable trouble evidently extending through into the tube and involving more or less cellulitis was present, and yet neither of the cases had been followed by abscess.

Dr. McMonagle, in replying, said that by boiled water he meant water that had been thoroughly boiled. He used it at a temperature of from 110 to 120°. He thought that at a temperature of 120° it arrested hemorrhage. Regarding the connection between gonorrhea and pelvic abscess, he regretted that his experience was not so exact as it might be, as he had not examined in all cases for the gonococcus. In three cases he believed that the disease could be attributed to this origin. He thought that gonorrhea might remain dormant in the fallopian tube for a long time to become active upon some provocation, and he believed most authorities held this view. Mr. Lawson Tait and Dr. Gill Wile held that the majority of abscesses had originated in that way. All the abscesses that he had mentioned involved the fallopian tubes to some extent. Some of them seemed to have started in the broad ligament or in the cellular tissue, and to have gradually involved the tube. These cases could hardly be attributed to gonorrhea, as infection from that source could only come directly through the fallopian tube.

Committee on Histology and Microscopy.—The report of the Committee on Histology and Microscopy was read by **Albert Abrams**, of San Francisco. He reviewed the more established data relative to the pathogenesis of infectious diseases. In a previous report he had alluded to the powerful influence exerted by the germ theory on prophylaxis and hygiene, and at the same time its comparatively useless application in therapeutics. This statement could now be repeated, notwithstanding the more secure footing attained by bacteriology. Microbicides are effectual in the laboratory, but useless, in a comparative sense, at the bedside. Microbiology has, however, won brilliant triumphs in the domain of surgery and of obstetrics. The intrepidity and success of modern surgery has been attained only after the recognition of its revelations. Suppuration has been the subject of much experimentation in determining the question whether it is only produced by microbes or whether chemical influences are also involved in its causation. Experiments in support of both theories were adduced, but as yet further observations are necessary before definite conclusions could be reached. The theory of phagocytosis as originated by Metschnikoff, representing the struggle existing between the economy and the bacteria is one of the most interesting and important phenomena connected with the developments of modern pathology. This author had described, in 1884, a parasitic disease occurring in the "daphnia" or water fleas. The struggle existing between the latter and the microbes could readily be discerned, owing to the transparency of the affected animal. It was clearly ascertained by Metschnikoff that when the disease ran a favorable course, the pathogenic microbes were immediately surrounded by blood cells and virtually eaten. In an unfavorable termination it was demonstrated that the blood cells were no longer able to combat the microbes, which underwent further propagation in the body of the water flea, resulting in the death of the latter. He extended his theory to the bacterial diseases of the higher animals, and attempted to prove that the resistance of the organism to infectious diseases was largely attributable to phagocytosis. All the recently extracted alkaloids were referred to, and their action on the organism explained. The Pasteurian vaccination against hydrophobia, with statistical evidence in its favor, was reviewed. A commission formed in England to investigate anti-rabic inoculation, after carefully conducted experiments lasting for more than a year, arrived at the conclusion that the preventive method of rabies was comparable to that of vaccination against small-pox. At the present day more than 20 anti-rabic institutes exist. The great diagnostic importance of the bacillus tuberculosis was supported by abundant clinical evidence. The detection of the tubercle bacilli was often very difficult, and repeated examination might be necessary where the number of bacilli was very small. Success is based on the following points: Judicious selection of the sample of sputum; method of preparation and staining; careful examination, with suitable appliances. The late method of staining the organism deserved due consideration. The recent Congress which met in Paris for the investigation of tuberculosis, has done much in directing attention to the contagiousness of this disease, and in devising means limiting its propagation. The question regarding the heredity of tuberculosis was as yet undecided. It is difficult to say whether hereditary disposition is really a diminished resistance of tissues to the action of the tuberculous material, or whether it is a direct intrauterine transmission of the bacilli from the mother to the fetus. The latter view is, however, not supported by facts which would tend to prove that the bacilli of tuberculosis may be present in the immature organism, either in the intra- or extra-uterine state, without leading in a relatively short time to apparent changes. The microparasitic etiology of cancer was discussed. If a microbe is peculiar to this neoplasm, it has no analogue in the other pathogenic microbes, for the latter only proliferate in preëxisting tissues; whereas the former would be capable of converting connective into epithelial tissue. The more recent conclusions of experimenters are not in accord with the view of Scheurlen. The parasitic etiology of syphilis and gonorrhea was thoroughly discussed. The report of M. Gibier before the French Academy of Medicine and the New York Academy of Medicine, regarding the etiology of yellow fever, received due mention. Recent work regarding the causation of cholera is characterized by the strong evidence adduced for regarding the comma bacillus of Koch as the cause of Asiatic cholera. The etiology of pneumonia, malaria and other infectious diseases was also considered. In conclusion, the speaker said that we are almost stoical in appreciating the revelations of the microscope; perhaps unintentionally so, for this is truly an age of iconoclasm, and we might at any time witness our most cherished doctrines refuted as vagaries.

DR. D. W MONTGOMERY, of San Francisco, in opening the discussion, said that with regard to pneumonia Scoda had long ago expressed the opinion that this disease was not caused by cold alone, but rather by the presence of some organism. Recent researches had made it probable that pneumonia was not one disease. If we had the mucous membrane of the lungs under the eye as we have the skin, we would very likely have as many diseases of these organs as of the cutaneous surface. Pulmonary disease was known only by its symptoms and by some few signs, and therefore the number of lung diseases was comparatively few. Investigations in a series of 129 cases of pneumonia of various types, some complicated with other diseases, had shown that four different kinds of bacteria were present. With reference to tuberculosis, the evidence on every side has shown that it is not only caused by bacilli, but that it is a contagious disease; one which gains an entrance into the organism with difficulty; is thrown off easily, then gains a solid entrance and remains; still existing for years a harmless parasite in the lungs. A striking example of contagion had recently been reported. A little girl who had had some suppuration in the ear, died from tuberculosis. A companion who had been verv fond of her was given the dead child's earrings. The earrings were transferred to the surviver apparently without washing. Shortly after, the hole in one of the ears began to suppurate, and an examination of the pus showed that the bacillus of tuberculosis was present. When the case was last seen there was extensive loss of substance of the lobe of the ear, swelling of the cervical glands, and dullness of the apex of the lung on the corresponding side; in fact the child was rapidly dying from phthisis. The speaker referred at length to experiments which had been performed by Dr. Thin in relation to the fungus of ring worms, which were extremely interesting.

Report of the Board of Examiners.—The report of the Board of Examiners was read by the Secretary, CHAS. E. BLAKE, of San Francisco. He said that in October, 1888, Dr. Plummer had resigned the office of Secretary, to which the speaker had succeeded, and he now craved the indulgence of the Society. In preparing the register many delays had been met with. It had been in the hands of the printers for three months. He had endeavored to correct it to date, and to make it as accurate as possible. Regarding the work of the Board, the number of meetings held during the year was 16; certificates granted, 307; duplicate certificates issued, 10; certificates refused, 13. Amongst those receiving certificates were 30 graduates from California schools. It had been urged that the effort made at the last session of the Legislature to procure the passage of a good medical law should be dropped, and that all medical laws had better be repealed. He felt that they had done well under the present law, and, though it had defects, it also had strong points, and had done good work. He urged the local Societies to take up the law and push it. The Board had added to the list of acts constituting "unprofessional conduct," acts involving moral turpitude and intemperance. The report of the Treasurer of the Board showed that for the fiscal year ending April 17, 1889, the total receipts had been $2,277.92; the total expenses had been $2,277.92.

EVENING SESSION.

Committee on Ophthalmology, Otology, Laryngology and Rhinoscopy. The report of this committee was made by H. FERRER, of San Francisco. A series of 106 cases of cataract extraction without iridectomy was given. Cases of this class had often been reported, and the paper was merely to show what had been done on this coast. In connection with the subject of antiseptics in eye diseases, in a case of suppuration of both eyes, he used a solution of bichloride 1:10.000. Everything went on well till the fourth day, when he found that the patient had disarranged the bandage during the night, and a general panophthalmitis supervened. The simple method of cataract extraction or that without iridectomy had been introduced by the French specialists. On the use of a conjunctival flap there was a division of opinion. Collapse of the iris was prevented by the spoon. Should it continue to prolapse a little eserine instilled would generally rectify this condition. He thought that in the hands of operators not specially skilled it was unjustifiable to attempt the more difficult operation, merely for the purpose of procuring a round pupil. Since November, 1886, he had observed the following rules in operating: Special attention was paid to the condition of the conjunctiva and lachrymal ducts. Patients were not operated upon at private houses, unless where there was good nursing and excellent surroundings. He had absolutely given up operating in hotels. Most of these cases had been operated upon at the German Hospital. Patients were never operated upon the day of admission, or on the day when first seen. A general and rigorous cleansing and disinfection of the parts was observed. In the case of poor patients a general bath was given. The instruments were carefully disinfected and examined to see that the process had been effective. There was no wiping of the eye; but free irrigations with boracic acid solution were used before, during and after the operation. The operations were performed under cocaine. The results of cases operated upon with and without iridectomy were given; being rather in favor of those without iridectomy. A portion of the report, relating to mastoid disease, its nature, diagnosis and treatment, was omitted.

Supplemental Report on Laryngology.—J. D. ARNOLD, of San Francisco, read a supplemental report on this subject. He wished to direct attention to a few points which might be of interest to the general practitioner. Dr. Max Stern had published an analysis of the relative merits of intubation and tracheotomy in diphtheria and croup. This was based upon reports of 21,835 tracheotomies, and 957 intubations, giving 26½ per cent. of recoveries in the former, and 26⅖ in the latter. He concludes that intubation should be preferred in subjects under 3½ years. Between 3½ and 5 years the indications of the case will decide, with a preference for tracheotomy. Over 5 years he prefers tracheotomy. In poor patients, irrespective of age and in the absence of skilled assistants, tracheotomy is also preferred. A case of traumatic aphonia, cured by hypnotic suggestion, when all other means had failed, was reported. He mentioned the recent investigations of Wolfenden and Williams, which had demonstrated that in exophthalmic goitre there was a diminution of electrical resistence present in the body. This was noticeable long before other prominent symptoms were observed, and afforded a means of diagnosing Graves' disease from simple goitre in the earlier stages. A bacillus has been lately identified which is invariably present in whooping cough. The speaker had adopted the following treatment with good results in this disease: The patient is thoroughly washed from head to foot with a saturated solution of boric acid. The room to be occupied is fumigated with sulphur for 5 hours; all unnecessary furniture is removed, and any remaining is new. The only treatment is insufflations into the nostrils of 5 grs. of powdered boracic acid four times a day. Researches in connection with the microbe of diphtheria, and the successful infection of animals with the disease by innoculation and intravenous injection, were mentioned. An important fact in connection with these experiments was that in animals the microbe only became active upon morbid mucous membranes, and this was probably also true in man. The speaker mentioned the progress made in the cure of asthma by attention to diseased conditions of the naso-pharynx. Nasal disorders far outweighed all other elements in the causation of asthma. In conclusion, he referred to the topical use of lactic acid in laryngeal phthisis. It had formerly been held that tubercular ulcers in the larynx never healed, but it had now been amply demonstrated that in lactic acid we had a perfectly reliable agent.

DR. G. H. POWERS, of San Francisco, regretted that he had not had the opportunity of seeing the papers in advance. The subject of cataract was one of much interest to the general practitioner. The cases often came to his knowledge before they consulted an oculist, and he should be well informed as to the results to be anticipated, and how they might best be brought about. As to the simple operation for cataract, he believed he was the first in this State to return to that method. When a student, the operation was exclusively that by a large corneal semi-circular wound, although at that time the new method was just coming in. As we all know, the operations in general were forced by public opinion, and he had felt obliged to perform it because it was so universally expected. He had never liked the operation, nor had his results been so good as with the old operation, and when it was proposed to return to the latter, that without iridectomy, he gladly adopted it. If you can perform an operation leaving the eye undisfigured, leaving a round and movable pupil, the vision is somewhat better than through a broad pupil, although the difference is not very great. He had noticed in recent literature, and in the report just read, that considerable stress is laid upon the effects that may occur immediately after incision. He had noticed this while watching the operations of others. He supposed that the difference was in the precise location of the wound. He thought he had been in the habit of making the corneal wound a little lower down than other operators, which was probably the reason why the iris did not bulge. This was a decided advantage in favor of the lower incision. He was very sorry that that portion of the report relating to operations on the mastoid process had not been read. He would like to have had Dr. Ferrer give his views upon this subject, as there might be a great deal said on both sides. As far as his judgment went, he had not seen a large number of cases which demanded or warranted dividing the mastoid, and it seemed to him that there must be in the doctor's practice a quite remarkable number of cases of one kind. We all know that this sometimes happens, and that one practitioner has more cases of one variety than another. He would be glad to hear it discussed, how often and under what circumstances the mastoid ought to be divided. Upon the subject of laryngology he had but little to say. Dr. Arnold's had been a most admirable paper. The relation of diseases of the nose and air passages to asthma, was a most interesting subject, and one which certainly could be made much broader and more generally recognized than it has been. There are many cases which are at least ameliorated to a decided extent, and in a very sudden manner, by the relief of the nasal symptoms. He had had quite a number of such cases, and it was really delightful to see the comfort and gratitude of the patient when he is relieved from an asthmatic attack, even if he is not entirely cured.

Committee on Practical Medicine and Medical Literature.—The report of the Committee on Practical Medicine and Medical Literature (published at page 233) was read by J. H. Stallard, of San Francisco.

DR. GEORGE CHISMORE, of San Francisco, in opening the discussion said: In listening to the very interesting paper that has just been read, it seems to me that as its principal motive appears to be to uphold the proposition that great advances have been made in the practice of medicine within our time that the proposition is not open to discussion. I do not think that a more interesting and graphic manner could have been selected for bringing out this progress. The scope of the paper is so great that it precludes the possibility of doing it justice in an extemporaneous address, and I shall therefore only allude to some methods of treatment in disease which have risen into popularity, gone into disuse and been forgotten only to be revived again. As for instance, the old treatment of typhoid fever, which has again come into the zenith of its favor. Great progress has been made in renal disease, so that a late authority claims to be able to diagnose at the bedside twelve well marked varieties of Bright's disease, and supports his claim by stating that he has accomplished it, and subsequently verified the diagnosis by *post-mortem* examination. Speaking of syphilis, and the manner of treatment in 1842, it simply shows how much diversity can be maintained in regard to the phenomena of disease, even in the brains of intelligent men. Late in the fifties, or early in the sixties, a very prominent medical man—I have forgotten the name—took the ground that there was no such disease as syphilis, and that all the manifestations that we were accustomed to observe were due to the treatment of a simple sore. So strenuously did he maintain his position that a committee of distinguished men was appointed in England to investigate the matter, and I have in my possession a copy of the report that they published. We see something like this going on to day regarding electricity; and at a discussion recently held in New York the general tone was very much averse to the claims that have been made for this therapeutic agent. Individually I have noted even in a much shorter space of time what seems to be a very clear advance in the treatment of disease. A point of considerable interest that occurred to me during the reading of the paper—and some gentlemen present may live to make the observation—is, what will the profession think of us forty years hence?

SECOND DAY—THURSDAY, APRIL 18TH—MORNING SESSION.

Dr. W. H. Mays.—THE PRESIDENT stated that he had received a telegram from DR. W. H. MAYS, of San Francisco, stating that he was in jail at San Bernardino for refusing to testify without having received his fee. The President said that he had had some experience in these matters himself. Some action should be taken by the Society in the matter. As the law now stands, any member of the profession can be taken to any part of the State on a writ issued by a Superior Judge and compelled to testify without remuneration. The State should pay an expert for his testimony.

DR. G. F. G. MORGAN, of Olema, submitted the following preambles and resolutions:

WHEREAS, This Society has heard with pain and regret of the imprisonment, at San Bernardino, Cal., of one of its respected members, Dr. W. H. Mays, of San Francisco. We deeply sympathize with him in the wrongs he now suffers. We recognize the justice of the claims he asserts. We urge him to stand firm, and to bring the matter once for all before the highest Courts of the State. We hereby pledge him, and all similarly placed, our active sympathy and financial support. We cannot find words adequate to express our condemnation of this action of the San Bernardino Judge, so contrary to all true ideas of justice and equity, by which a disinterested professional citizen has been summoned from one end to the other of the State, and then ordered to give up his professional time and acquirements without compensation therefor, or be thrown, as he now is, in jail. We properly call this act an outrage on justice.

Resolved, That the President of this Society immediately telegraph the following to Dr. Mays: "Yours read before the Society, which greets you and says, 'stand firm,' and pledges you its financial and moral support in legal settlement of this wrong."

Resolved, That the Society hereby authorizes the President thereof to appoint a committee to take such measures as may seem best calculated to support Dr. Mays in his just position, namely, employment of counsel, etc., to carry the matter up to the Supreme Court of this State.

Resolved, That this Society will bear the necessary expenses of all legal action involved in the settlement of this question now pending between Dr. Mays and the Court of San Bernardino.

The resolutions were warmly seconded by several members and unanimously adopted. The President appointed as the committee on this matter, G. F. G. Morgan, C. G. Kenyon and Jas. P. Booth.

Medical Topography, Meteorology, Endemics and Epidemics.—The report of this committee was read by J. P. WIDNEY, of Los Angeles. He said that a grave fallacy underlies much of the work done by the State Medical Society and the State Board of Health in the compilation of statistics of disease. Under present methods the State is dealt with as a whole, and no reference is made to the variety of geographical, topographical or climatic unlikeness. In many States this haphazard method would not be so productive of fallacy, as their more limited area and greater climatic and topographical sameness rendered a fair average possible. In California the range of latitude was very great, extending through nearly ten degrees; the elevations ranged from below sea-level to 10,000 feet above, while the temperature varied from the sea-swept breezes of the coast to the warm regions of the interior. To make statistics valuable we must classify localities and climates in groups, taking into consideration those elements tending to produce uniformity or unlikeness. The speaker then described in a comprehensive manner the various factors in the production of climatic diversity. He enumerated the divisions of the State according to this classification, as a Northern California comprising the Sacramento and San Joaquin valleys; a Southern California comprising all below this; a coast belt comprising all valleys and plains facing off the sea; an interior belt comprising the valleys between the coast range and the sea, other than those enumerated which though not much elevated were shut off from the tempering influence of the sea; a mountain belt and a desert belt including the Mojave and Colorado deserts. He then outlined the differences of climate in these regions with great clearness, showing how closely the meteorology of each section conformed to its topography. The data as yet at command were insufficient to warrant more than an outline, and this report was merely suggestive as indicating what might and must be done before the work of the profession could reach its highest value. Random facts shaken together and then drawn out to frame a table of statistics, would not suffice; for the framing of general laws of climate and disease we must learn to differentiate.

Meteorology of the San Joaquin Valley.—E. S. O'BRIEN, of Merced, read a paper upon the meteorology of the San Joaquin valley. Owing to the varying climates of the State it was necessary to take individual localities to arrive at accurate conclusions. Unfortunately the data at present available were very meagre. In the great valley of the San Joaquin, embracing six counties, there was only one signal station, that at Fresno; but as this was nearly in the centre of the valley, its data could be fairly used. The speaker then gave a brief review of the meteorological conditions of the valley, with figures showing the temperature, rainfall, etc. The trade winds blew in two general directions for eight months of the year, namely, from the N.W. and S.E. E. and N. winds only exist for short periods. This maintained an equable climate. The mean annual temperature of the valley was 64.6. He believed that owing to the greater rainfall and higher temperature of the Sacramento valley an increased tendency to certain diseases, notably malaria, was produced. Owing to the proximity of the ocean, the sea breezes coming in early during the afternoon rapidly cooled the earth and made the nights cool. Except along the river-beds and where irrigation was extensively employed, there was an absence of decomposing vegetable material or stagnant water, so that epidemics of malarial fever or typhoid fever were rare.

DR. H. D. ROBERTSON, of Yreka, in opening the discussion, said that there were some subjects that were very difficult to discuss, and the medical topography of a country with its epidemics and endemics, was one of them. He had received a number of communications from physicians interested in the climate of Northern California, and had in consequence been induced to present a paper instead of endeavoring to discuss the subject. *Topography, Climlology and Hydrology of Northern California.* In Northern California, he included that portion lying north of Redding and between the Sierras and the Coast Range. Here there once existed an immense inland sea. That it should now be a mountainous district with one mountain 14,000 feet in height, was a striking geological fact. This was the result of a great volcanic upheaval which could be traced through this section, and north even as far as Mount Tacoma, in Washington. The elevations varied trom 2,500 to 3,000 feet, with many mounds throughout its surface. The former shore line can be clearly traced for miles, and numerous fossils had been found in these beaches. Throughout this belt a large number of mineral and thermal springs were to be found of greatly varying character. Soda and sulphur predominate; and magnesia and iron were also found. Along the line of the S. P. Co. there were several excellent soda springs. Descending the divide on the north side, chlorides were abundant. Along the western side the springs were rich in carbonic acid, sufficient magnesium being contained to render them laxative, the nitrates present rendering them also decidedly diuretic. At the mouth of Shovel creek there are a large number of very valuable mud springs, largely impregnated with sulphur, and the speaker stated that they had been found most valuable in rheumatism and in skin diseases. Extensive improvements were now being carried out in the locality. He warned physicians against the dangers of sending advanced cases of phthisis away from their homes into these distant sections with the hope that mountain air would improve them. Early cases could be benefited by a sojourn in this elevated pine-clad and comparatively dry region, but it was illogical to expect a regeneration in any climate, of tissues that had already broken down. In conclusion he said that the profession in their reports should confine themselves to a special locality, instead of trying to treat of the State generally.

DR. J. P. WIDNEY, of Los Angeles, said that the paper presented by Dr. E. S. O'Brien, was right to the point. He had taken one climatic belt and dealt with that only. A report of that character was of value. He wished to make a remark concerning one fact spoken of by Dr. Robertson, that physicians are continually sending to his locality cases unsuited to that climate. It simply proved the point that the speaker had stated in his report: that we have different climates—we should carefully segregate our climates. Take different belts, divide them and frame our statistics in accordance. Then we gain an intelligent view of the State, and not otherwise.

DR. G. F. G. MORGAN, of Olema, said: Those gentlemen who are in country districts, and who are seeking to find out the peculiar characteristics, etc., of their localities, would do well to supply themselves with a set of scientific instruments, and in that way they could furnish the Committee on Meteorology with very valuable matter. In this manner we could gather up in the course of a year, by a little attention, a great deal of very valuable positive information.

DR. E. S. O'BRIEN, of Merced: I want to say in regard to what the gentleman has just stated that the only means I had of making a report was trom the United States Signal Service Station at Fresno. I based my report on the report of the United States Officer at that point, which is as correct as any station in the State.

DR. THOS. ROSS, of Woodland: I was very much pleased to hear Dr. O'Brien's paper, but he makes an assertion from which I feel compelled to differ. He says there is more malaria in the Sacramento Valley than in the San Joaquin. I have lived in the central portion of it for 19 years, and, while it is true we have some malaria there, it is gradually and steadily becoming less. As a proof that malaria is more prevalent in the San Joaquin than in the Sacramento Valley, a number of our citizens have moved to the neighborhood of Fresno, who never had malaria while they lived in the Sacramento Valley, and there they have been attacked with it. I think that if Dr. O'Brien knew more about the Sacramento Valley, and had been there as long as I have, he would not make that assertion.

Dr. W. A. Briggs.—The report of the Committee on Obstetrics having been called for, it was stated that owing to the recent and severe illness of the Chairman, the report was not ready. The doctor was now rapidly recovering, and an effort would be made to complete the report and furnish it to the Committee on Publication so that it could be included in the transactions. On motion, the following resolution was unanimously adopted, and a copy ordered transmitted to Dr. Briggs: *Resolved*: That this Society has heard with deep regret of the sickness of Dr. W. A. Briggs, of Sacramento, and hopes for his speedy recovery.

Compression in the Treatment of Ovarian Dropsy.—DR. E. N. FOOTE, of Lockford, said that about nine years ago he had reported a case of ovarian dropsy. The quantity of fluid removed from the case was enormous. He had pursued a line of treatment which had resulted in her permanent recovery. He mentioned this case because competent men had said that recovery could not be permanent. The *modus operandi* consisted in the application of an abdominal corset after each tapping, a compress being placed over the lower part of the abdomen and every effort made to withdraw all the fluid. The necessity for tapping became less frequent, and a cure had finally ensued. If success could be attained in one case he believed that we were justified in making the attempt in many others.

The Relation of the State to the Medical Profession.—G. F. G. MORGAN, of Olema, read a paper upon this subject. These were days of organization in all professions and callings. Pharmacy as a profession was alive to the needs of a universal standard of proficiency, the acquirement of which would allow the holder to practice in any State. He thought that the profession should endeavor to procure a proper organization and enforce a recognition of its rights. The present condition of the State towards the medical profession was one of neglect; there were laws in this State regulating the practice of medicine, but they were not enforced. The law demanded that medical men should be properly qualified to practice. The Health Boards required reports of births and deaths, and notification of contagious diseases from them. The law courts compelled the attendance of physicians as experts, and these services were demanded without remuneration. No other profession or calling occupied the same position. It is an axiom of law that there is "no obligation without consideration." The expense of special education and of support of the professional student were not borne by the State, but by private individuals; the physician therefore owed the State nothing, and it had no right to demand gratuitous service. On the other hand, the State was a debtor to the profession for these services, and was bound to respect its rights and privileges, especially against unprincipled, incompetent charlatans. He believed that there should be a duly salaried state or county official appointed to enforce the laws regulating the practice of medicine; and that due compensation should be rendered to medical witnesses when testifying in courts of law as experts.

AFTERNOON SESSION.

Public Hygiene and State Medicine.—The report of this committee was read by the chairman, M. M. CHIPMAN, of San Francisco. He briefly reviewed the various steps that had gradually led to the present advanced condition of our knowledge of subjects bearing upon public hygiene. Through the use of the microscope practically a new world had been discovered. Microörganisms existed everywhere upon the earth, and in the waters, both fresh and salt. These forms were described under various names, being classified according to shape. Over 200 varieties were now recognized, but only a few of these had been accurately studied, and these were mainly those of a pathogenic character. The speaker then enumerated various microörganisms which were really the producers and active causes in many processes. These organisms had been divided into those belonging to the vegetable and animal kingdoms, and attempts had been made to create a third or intermediate group. This he thought was further complicating matters, and it was better to adhere to the original classification of organic and inorganic, especially as it was very difficult to draw the line between those that were animal and those that were vegetable. He mentioned the experiments that had been conducted with a view to producing a protected condition against anthrax and rabies; this, he thought, had not met with great success. He reviewed the various theories held in relation to the connection of leprosy and syphilis and the etiology of the disease. It appeared to have been demonstrated that leprosy was undoubtedly due to a microbe. Yellow fever according to recent researches would also belong to this category. Climatic conditions had something to do with the disease, but the germ must have first been planted. It had recently been maintained that the disease was only infectious in an infected locality.

Supplemental Report on Public Hygiene.—A supplemental report on this subject was read by WASHINGTON AYER, of San Francisco. He believed that the germ theory was purely chimerical. He profoundly respected the industry of those who had spent so much time in investigating bacteriology, but he held that atmospheric conditions and an epidemic influence were the principle factors in the production of disease.

DR. H. S. ORME, of Los Angeles, in opening the discussion, said that he was sorry that Dr. Chipman's report had not been read in full, particularly that portion of it relating to yellow fever. The bacterial origin of this disease was just now attracting the attention of the medical profession. Sternberg, towards the end of last March, in a lecture delivered at Decatur, Ala., stated that so far he had been unable to satisfy himself of the existence of a specific organism in this disease. The speaker considered that if the disease once obtained a foothold in our warm interior valleys that it would remain. Strict supervision, therefore, should be exercised over all arrivals from infected ports, particularly if the passengers were residents of a locality in which the disease was endemic.

DR. W. F. TODD, of Stockton: I have been in New Orleans during an epidemic. During the years 1839 to '47, we had almost every season an epidemic of yellow fever in that city. Cases were constantly brought up on the steamboats on the Mississippi river; and there was never an epidemic prior to '49 in the cities of Natchez, Grand Point or Vicksburg. In the country, planters did not hesitate to receive cases of yellow fever that were brought up; and there was no extension of the disease in those cities, or in the plantations by communicaton with these cases. The first case of yellow fever I ever saw was at the town of Rodney, on the Mississippi. The people there did not hesitate to go in and nurse the patient, and they stayed with him during his sickness. None of them took it. These facts, in my mind, went very far to establish the non-contagiousness of yellow fever. After that I was in the State of Mississippi, in the year of '48, when for the first time yellow fever became epidemic in the river towns. It afterwards became seriously epidemic at Memphis, but there it could not be called a contagious disease. It could be traced to want of proper sanitary regulations. Since the sanitary condition of Memphis has been improved there has been no case of yellow fever. Nor has it been for many years in the river towns already mentioned, except where due to their sanitary condition. We know that in Natchez it has been less prevalent than formerly for the same reason.

DR. L. C. LANE, of San Francisco: I have had a little experience on the subject of yellow fever. In 1854 I was at the Quarantine Station in New York city, at Staten Island. There were brought up from the southern stations--from Savannah and I think also from the West Indies--some 30 or 40 cases of yellow fever. I had an opportunity of seeing nearly all of them, that is, following them up until finally they died. My experience was in favor of its being contagious. Every person almost who came in contact with these cases, or certainly more than half of them who came in contact with yellow fever at Staten Island, took the disease, and most of them died. A number of nurses in the hospital took the disease and died. Every person who washed the clothing of these patients took the disease and died. The old clothing or sheets taken out of the vessels which were quarantined were thrown overboard, and after having been in salt water for hours were carried ashore by the tide. These were picked up by rag-pickers, who took the disease and died, so that every factor that I saw was strongly in favor of contagion, exceedingly so; as much so as any disease that I have any acquaintance with.

DR. W. F. TODD, of Stockton: I would say in rebuttal of what Dr. Lane has just said, that the epidemics of yellow fever in the southern part of our country had not all been alike. That of '47-8 was especially malignant. It is very malignant at Vera Cruz at times, and then was found to be associated with ship fever—with typhoid fever—giving a mixed disease of a very malignant type, and I suspect that is the form of the disease that the doctor had the opportunity of examining.

Place of Next Meeting.—The selection of the place of next meeting was taken up. Cordial invitations were extended from San Diego and Los Angeles by several of the members residing in these cities. The question was put to a vote, and, after a very close contest, Los Angeles was selected for the meeting of 1890.

Election of Officers.—The Society then went into the election of officers for the ensuing year, with the following result:

President,	WALTER LINDLEY.
First Vice-President,	W. F. MCNUTT.
Second Vice-President,	CHARLOTTE BLAKE BROWN.
Third Vice-President,	WALLACE A. BRIGGS.
Fourth Vice-President,	ELIZABETH R. C. SARGENT.
Secretary,	W. WATT KERR.
First Assistant Secretary,	H. M. SHERMAN.
Second Assistant Secretary,	H. J. BRAINERD.
Treasurer,	G. C. SIMMONS.
Board of Censors:	C. M. FENN, T. A. DAVIS, W. L. WILLS, G. W. LASHER, E. A. FOLLANSBEE.
Board of Examiners:	C. H. STEELE, C. E. FARNUM, JULES SIMON, C. E. BLAKE, W. S. WHITWELL, W. ANDERSON, H. H. HART.
Alternates:	D. A. HOGHEAD, H. J. CRUMPTON, J. H. BARBAT.

Perityphlitis.—DR. JOSEPH KURTZ, of Los Angeles, read a paper on Perityphlitis. This subject, though generally considered to belong to the domain of the physician, must be of some interest to the surgeon. The vermiform appendix has always attracted the attention of anatomists and physicians; its functions were not understood, but we know that it may cause considerable damage when inflamed. This was usually caused by the passage into it of foreign bodies, hardened feces or fecal concretions, which set up trouble frequently ending in perforation. In a small minority of cases the disease may originate outside the appendix in the cellular tissue. The morbid process set up in the appendix may go on for a long time before urgent symptoms develop. He cited a case which he had had under observation for over three years. The patient complained from time to time of pain in the iliac region, with occasional tumefaction and tenderness. He had repeatedly refused an operation. Finally he was suddenly taken with intense localized pain and died in a few hours. An autopsy showed that an old abscess had ruptured into the abdominal cavity. Relapses after apparent recovery were liable to occur, even as late as twenty years after the first attack. On account of this apparent recovery many authorities did not regard the disease as very dangerous. In his opinion this was quite wrong, especially when these relapses meant an extension or enlargement of a probable abscess. He thought that these abscesses were very rarely absorbed. When they ruptured the direction of the discharge governed the prognosis. When an opening into the bowel or through the abdominal wall took place, the result was usually favorable; in other directions it was proportionately grave. With regard to treatment, before perforation could be diagnosed, absolute rest, a liquid diet and opiates, the local indications being met by ice or fomentations, etc., according to the stage of the disease, was usually sufficient. When perforation had taken place prompt surgical interference was imperative. The presence of a tumor in the right iliac fossa, preceded by the symptoms already mentioned, is a sufficient indication. Fluctuation had no influence on the question of operation. An incision should be made directly over the tumor, avoiding the peritoneum if possible. The abscess cavity should be thoroughly laid open and cleansed. Foreign bodies, concretions, etc., should be carefully searched for and removed. The appendix should be ligated and fastened to the lower portion of the wound. A drainage tube is then inserted and the wound dressed with antiseptic precautions. Daily injections through the tube of bichloride solution, 1:5000, or boracic acid, 3:100, should be made, and as the cavity fills up with granulations the tube may be shortened and finally withdrawn. The result of operation, when undertaken early, was very favorable, and considering that death was the usual result of the disease, we should invariably resort to surgical interference when we were certain of our diagnosis.

DR. THOS. KELLEY, of San Jose, said that early in 1887 he had treated a case of peri-cecal abscess. The patient was a very short, stout man, and it was not until the end of the second week that the tumor could be made out. About a quart of very offensive pus was evacuated by the aspirator, and a large drainage tube was passed into the sac. The tube was gradually shortened, and finally removed at the end of four weeks. The fluid began to reaccumulate and the tube was again inserted, and after another month the case was discharged cured.

EVENING SESSION.

Committee on Medical Legislation.—The Chairman of the Committee, G. G. TYRRELL, of Sacramento, said that the committee had no report to make. The medical law was received by the speaker at so late a date that it had been impossible to do anything. The bill had been introduced and referred to the Committee on Hospitals, but no further progress had been made.

Supplemental Report on Medical Legislation.—G. L. SIMMONS, of Sacramento, read a supplemental report. He had been struck by a remark made by a State Senator in connection with the debate on the granting of an appropriation for the Medical Department of the State University. The Senator had said that the law recognized three schools, and that if one were allowed an appropriation the others would apply later and the request would have to be granted. The division of the profession into these schools was unfortunately a well established fact in the public mind, and any attempt to argue that the regular profession acknowledged no school was fruitless. The public were impressed with the belief that the profession still adheres to old methods and remedies, and the invalid seeks something newer at the hands of quacks. Among the causes that had produced this condition of the public mind in this State was the present mongrel medical law. It has been in operation for over a decade. It had produced the result of impressing the idea that there *were* three schools. A prominent legal authority had said that the first and only principle upon which medical legislation should be based was the protection of the people from fraud and ignorance. Does our California Act comply with these requirements? By it the protection of the public was at once surrendered, in the fact that it failed to protect. We had allied ourselves with 'pathies, and elevated fraud and ignorance to an equal position with the regular profession. He believed that this Act should be promptly repealed, and if an Act were passed it should provide for but one Board of Examiners.

Dr. J. D. Arnold, of San Francisco, said, with reference to the use of the word allopath, he thought that the reason of this mistake was to be sought, not amongst the laity, but among the profession itself. It was not an unusual thing for a physician to call himself an allopath. As Dr. Simmons had well said, true science can have no creed, no dogma.

Dr. H. S. Orme, of Los Angeles, said that many years ago the late Dr. Ira E. Oatman had introduced a resolution in this Society, repudiating the recognition of any 'pathy or 'ism, and enunciating the right of the profession to use any remedy or appliance in the relief of suffering humanity. Some years after a similar resolution had been adopted by the American Medical Association. The present medical law was a good bill when it was presented to the Legislature, but in its progress through both Houses it was emasculated so that it would hardly be recognized as bearing any resemblance to the original measure. If the profession hoped to have a law passed they should act individually in procuring the support of members of the Legislature from their respective districts.

Dr. G. F. G. Morgan, of Olema: The statement had been made that the only ground upon which medical laws can operate, is the prevention of fraud upon the public. He thought that the profession, of course, interested in its own welfare as well as trying to do rightly and honestly for the public, ought always to keep in view, that the law should in these matters maintain its two-fold position. That is, while preventing fraud upon the public, we should also remember that it owes a duty to the profession of medicine. That while protecting the public, it should also protect the honest practitioner who seeks to do his duty to the public. That there are two rights. The law requires certain things, and when these have been fulfilled by the law disposed in the community, they should be protected from the evil disposed.

The President, Dr. Jas. Simpson: I am fully in accord with what Dr. Simmons has said, but there is one fact that we must recognize in this State and distinguish between this State and the State of Illinois. The Supreme Court, which is beyond the Legislature and paramount upon all matters that come before it, has decided this law for the last four or five years in favor of its legitimacy. Recently the Supreme Court of this State became changed, and the last decision has to a great extent destroyed any efficiency that the law possessed. I have hopes for the Legislature, but I feel that so long as the Supreme Court holds the views it now does, any effort we may make to pass any law will be futile, so far as protecting the public from the depredations of quackery.

Dr. Geo. Chismore, of San Francisco: I am heartily in sympathy with the paper of Dr. Simmons. It seems to me, that all our resolutions so long as I can recollect, as a member of this Society, in the way of medical legislation, have simply ended in putting upon us a certain fixed sum for license to practice, and a further irregular sum in the way of having secured legislation. In the first place a gentleman who has preceded me, talked about securing legislation. We must recollect that doctors, although a very numerous portion of the public, don't cast a majority of the votes. There are other interests pulling in other directions. In the next place the point taken by the President on the inability of securing the enforcement of this law through the courts is a most important one, and the result of medical legislation seems to have been to afford to the quack and charlatan an amount of prominence which he would not have otherwise received. One of them in this city boasts that he is the envy of the regular profession. And so it has been all the way through. The whole subject seems to have been fraught with disappointment in whatever way you look at it. It seems to me that it is impossible in the present condition of society to secure proper medical legislation. I don't see how you can, without interfering with the liberty of the individual, make it impossible for him to procure medical treatment from the hands of anyone except those of the regular profession.

Committee on Surgery.—The report of this committee (published at page 238) was read by the Chairman, C. G. KENYON, of San Francisco.

DR. G. F. SHIELS, of San Francisco, agreed with Dr. Kenyon, that antiseptic surgery had accomplished a great deal. The practice of Mr. Lawson Tait was an exception to this rule. He used no antiseptic—nothing but warm water and that only because it took the blood off the instruments. The speaker had often wondered how his results were obtained.

DR. E. B. ROBERTSON, of Jackson, said that during twenty years' surgical experience in a mining district, he had never employed antiseptics. He used clean lint and clean water, no matter what the operation or injury. He believed in perfect cleanliness, not only of the wound, but of the patient and his surroundings.

DR. H. M. SHERMAN, of San Francisco, said that the observations just made by Dr. Robertson were interesting, and as he had heard others of a similar character very frequently of late, he wished to say a word regarding them. Any one who practises in the country, away from the cities; away from where people are crowded together and living under bad hygienic influences, will have good results with simple cleanliness and the injured will very frequently get well without suppuration. But injuries in people living in the cities where they are subjected to all the bad influences which can possibly surround them, going to large hospitals for treatment after their injury, will be followed by suppuration unless antiseptics are used. I have not had such a vast deal of practice or experience, but I have seen cases in the country and cases in the large hospitals in the cities, and they are not to be judged on the same ground at all. They are just as distinct as they possibly can be. The experience of Dr. Robertson is not at all unique. I remember in the Adirondack mountains a guide pulled a gun towards him in a boat, the gun was discharged, and he received a wound through the thigh. He was seen at once, and a gentleman whose home was there. said he could save the leg. He explored the wound with his finger, removed some fragments, and put the leg up in an ordinary splint, and I saw the man ten months later carrying a boat on his shoulder that weighed 200 pounds. That man, judging from the standpoint of a New York surgeon, should have lost his leg, but judging by the standpoint of a man up in that aseptic air, his leg was certainly good. If he had been in a large hospital his leg would probably never have been saved, even with antiseptics. The whole point lies there—the surroundings of the patient.

DR. S. O. L. POTTER, of San Francisco, said that the remarks of Dr. Sherman were very appropriate and were fully borne out by his own experience. When in practice in the mountains of Utah he had seen serious injuries cured without antiseptics. A short time since in this city he had attended an insane patient who had chopped the scalp on one side of the head into a pulp. The wounds, of which there were fourteen or fifteen, were dressed with sub-iodide of bismuth, and covered with collodion to exclude the air. They healed without a particle of suppuration. Here were two instances apparently directly opposite to each other, and yet the principle or the reason for each was to be found in what Dr. Sherman had said. In the pure air of the country and in high altitudes antiseptics were of very little use, whereas in large communities they were almost indispensable.

Report of Committee on Diseases of Children.—The Chairman, WALTER LINDLEY, of Los Angeles, had selected as the subject of his report, "Iodoform, Bichloride and other Antiseptics in the Treatment of Diphtheria." It was one which earnestly appealed to the profession, as the disease was justly dreaded, but he believed that we were now in a position to deal with it effectually. Recent discoveries seemed to have established the fact that diphtheria was caused by a microbe capable of generating a specific poison; this microbe had been identified. He suggested that this ptomaine acted directly on the nervous system, and cited the fact that there were frequently deaths from the disease, where, without any local symptoms to cause profound prostration, the subject gradually sank and died. In these cases there was usually scanty urine containing a large percentage of albumin, yet there were rarely convulsions. The prognosis depended greatly upon the appearance of the membrane, and was grave where this was thick, of a dark color and firmly attached. Another point of great importance was the presence of albumin in the urine, which always rendered the prognosis more grave. Regarding treatment, the speaker believed that it should be based upon the same principles that guided us in that of puerperal fever, namely, destroy, remove and neutralize as much of the poison at the point of entrance as possible. The membrane, or as much as possible, should be removed and the parts disinfected. In mentioning remedies he did not desire to exclude general treatment, or such as was required to meet special indications. He wished to direct attention to three antiseptics, turpentine, bichloride of mercury and iodoform. Turpentine was especially useful in rendering the air of the sick room somewhat antiseptic, and in combination with other germicides, it could be readily volatilized. Its use internally had also been strongly recommended. Bichloride of mercury was daily attracting more attention, and though an old remedy it was now being extensively revived. The doses vary from $\frac{1}{60}$ gr. to $\frac{1}{30}$ gr., and should be diluted in the proportion of 1:10,000 of milk or water. The speaker's preference was for iodoform, locally and internally, and he had had sufficient experience in its use to speak very favorably of it. It was liberally insufflated every three or four hours, an effort being made to cover all the membrane visible. It possessed the following advantages: It prevented the multiplication of bacteria, and was a soothing local anodyne. Like alcohol, it had no toxic dose when the patient was suffering from the diphtheritic poison. It was so nearly impalpable that it reached all portions of the diseased surface, and adhered for a long time. It did not cause nausea or produce diarrhea, and it was quickly and easily applied.

DR. H. M. SHERMAN, of San Francisco, in opening the discussion, said that he agreed with Dr. Lindley regarding the almost certain bacterial origin of diphtheria, despite the fact that the specific germ had not been positively identified. The treatment should be based upon the pathology. The bacteria should be attacked, or, failing that, efforts should be made to combat the poisonous action of the ptomaines. Regarding the selection of the particular germicide, there may be various opinions, but there is not one that has ever had the reputation that the ordinary tincture of the chloride of iron has to-day. It cannot be claimed that it will cure every case, but the percentage of deaths under its use has been less than with any other single drug. The dose must be regulated by the effects produced, but very large quantities can be borne, even by young children. As high as two drachms of the tincture every half hour for 48 hours had been given to a boy 8 years old. When combined with the chlorate of potassium, a decomposition took place, and several germicides were formed. The iron acted locally by coming in contact with the membrane in the fauces, and later as a germicide in the intestinal canal. He thought that one difficulty in the administration of the bichloride was to give sufficient to destroy the poison of the disease without at the same time poisoning the patient; this danger did not exist with the tincture of iron. He had had no experience with iodoform, but he was exceedingly glad to find that this drug, upon which doubts as to its reliability as a germicide had been cast, had taken the place which it undoubtedly deserved.

DR. S. O. L. POTTER, of San Francisco: Iodoform has been thoroughly tested many years ago by Dr. Grant, in Egypt. He used it in connection with the bichloride internally, and rubbing the iodoform into the skin in the form of an ointment. The epidemic was a severe one, and the results were very remarkable. The action of iodoform was probably entirely germicidal. Chlorine was a prominent agent in it, as it was in all the other remedies which had been mentioned, and we all know what a powerful agent chlorine is. The success of the homeopaths in the treatment of diphtheria was due entirely to the use of the cyanide of mercury in small doses, with alcohol as an external antiseptic. The credit was given to whatever high potency had been employed, but no one thought that the alcohol had anything to do with the case beyond sustaining the patient, whereas it was a most effective germicide. As a local application to the throat it had always been reliable. It was a significant fact that it was impossible to intoxicate a patient suffering from diphtheria.

Cerebral Localization.—J. D. ROSENSTIRN, of San Francisco, gave a demonstration upon this subject, illustrated by elaborate charts and several pathological specimens. The speaker related the histories of some of the cases from which these had been procured.

THIRD DAY—FRIDAY, APRIL 19—MORNING SESSION.

Mojave Desert for the Climatic Treatment of Consumption.—JAMES P. BOOTH, of Needles, read a paper on this subject. He strongly deprecated the pernicious habit of ordering a change of climate in cases of advanced phthisis. He reviewed the opinions held regarding the effect of climatic change by ancient writers. It remained for modern medicine to put this subject upon a scientific basis. Opinions were not unanimous upon the precise effect of climatic change, and it was not absolutely certain how altitude acted. It seemed, however, that the increased chest expansion, owing to the rarified air, was the principal factor, combined with the pure character of the air. A very important point in determining the favorable nature of a locality is its humidity; a dry climate was the most favorable. The therapeutic effect of hot air had been amply demonstrated. He urged an intimate study of cases and to determine the proper locality for each. The speaker described the many advantages presented by the Mojave Desert in this disease. The variety of altitudes, purity of atmosphere, and excessive dryness of the air, rendered it, he believed, a most desirable locality in cases of phthisis. He had observed its beneficial effects in many instances, and felt justified in strongly recommending it.

Committee on Medical Education.—The report of this committee was read by GEO. CHISMORE, of San Francisco. He said that the highest object was to teach students how to heal. He thought that too much stress was laid on preliminary education, and that there was a tendency to belittle the American doctor at the advantage of foreign graduates. Owing to the social conditions of this country its educational methods must necessarily differ from those abroad. He believed that the ultimate tribunal to pass on the capacity of the physician was the general public, and its decision would relegate each practitioner to his proper place.

Report of Committee on Graduating Exercises.—The report of the Committee on Graduating Exercises was read by LEE O. ROGERS, of San Francisco. He alluded to the fact that the duties of this committee were not specially defined by the Society. Neither of the San Francisco colleges hold oral final examinations, these being written, but frequent oral examinations were held during the term, and every facility for investigation was given. The committee decided to procure the papers prepared for the final examination, and analyze them. The result was that on the whole the candidates passed a fair examination. The orthography and grammar, however, in some cases, was poor, and he believed that it would be most advantageous to refer candidates who were obviously most deficient in preliminary education for further study. The instruction was thorough and the clinical facilities ample and good. The report upon the Medical Department of the University of Southern California was made by H. WORTHINGTON, of Los Angeles. He stated that the standard of the college was equal to any; ample clinical facilities were afforded; practical instruction in gynecology and obstetrics was also given. The lectures were good, and fully up to the standard of other colleges. The report was very general in its terms, and dealt only with the opportunities for and means of acquiring a knowledge of medicine in all its branches, every department being unreservedly praised.

DR. WALTER LINDLEY, of Los Angeles: As a representative of Southern California, I desire to compliment Dr. Rogers on the character of his report; it was really a thorough critical examination of the graduating exercises. I am compelled to say that Dr. Worthington's report is not of that character. I regret this exceedingly. We have endeavored to maintain as high a standard as any, and in a matter of this kind we only desire to be placed on the same footing as the other schools.

Committee on Indigenous Botany.—The report of the Committee on Indigenous Botany was read by W. P. GIBBONS, of Alameda. The paper was intended to include in its scope such members of the great family of the Umbiliferæ as are indigenous and naturalized on this coast. Conium, which was becoming generally diffused over the Pacific Coast, was described at length. Its use by the ancients medicinally and as a judicial agent, and its applications as a domestic remedy in more modern times, were mentioned. Fresh specimens of the two varieties in California, *cicuta virosa* and *cicuta Californica*, were shown. For therapeutic purposes these varieties were practically identical, though the analyses showed a considerable divergence. Conium, which was an excellent and reliable drug, had largely gone out of use. This was probably due to an absence of proper analyses, and the consequent extreme uncertainty of the preparations.

Adulteration of Drugs.—A. L. LENGFELD, of San Francisco, read a supplemental report upon this subject. He said that adulteration of drugs in this city was extremely rare. However, while drugs were not intentionally adulterated, a cheap class of goods in certain lines was demanded, and was consequently supplied by the trade. The following articles were generally adulterated: Copaiba, creasote, musk, rhubarb, senna, cod liver oil, and nearly all the essential oils. In other cases articles were substituted, as in syrups of raspberry, althea, lemon, wild cherry and squills, which did not contain a particle of these agents. Frangula was substituted for cascara sagrada, tartrate of soda for citrate of magnesia, and peptones for pepsins. In grocers' articles, all the usual spices and flavoring extracts were adulterated in many ways, generally with harmless or inert substances. Lard with other fats, olive oil with cottonseed oil, honey with glucose, and alum was substituted for cream of tartar in the cheaper baking powders, though not with the injurious results which manufacturers would have us believe. Samples of opium in tincture and powder, and of quinine in pill and powder were purchased in open market, and investigated, and found to be good. This same result was not found in many elixirs, which did not conform to the published formulæ. A much more dangerous and reprehensible practice was the adulteration of drugs with others having a somewhat similar action; thus sulfonal was adulterated with antefebrin, and antipyrin with salicylate of soda. It was impossible to determine this fact without chemical examination owing to the similarity in their physical characteristics.

Committee on Prize Essays.—M. REGENSBERGER, of San Francisco, presented the report of the committee. Two essays, "The Mineral and Thermal Springs of California" and "Medicine, its Past, Present and Future," had been presented. He said that it was strange that in this great and progressive State only two essays should be offered. The essay upon "The Mineral and Thermal Springs of the State," was an excellent one, upon a very important subject. It showed the result of much original work extending over a period of almost two years. The committee recommended that the prize of $100 be awarded to the author of this essay, and that in future the amount be increased to $250.

AFTERNOON SESSION.

Health Resorts.—SARAH E. SHUEY, of Amanda Park, in a short paper, suggested that a circular be issued by the State Board of Health to the different health resorts inquiring for meteorological data, character of soil and water, distance from cities and accessibility, and reports of cases benefited, by a competent medical officer. The paper was referred to the Committee on Medical Topography, Endemics and Epidemics.

Constitution and By-Laws.—The adoption of the new constitution and by-laws was taken up as a special order and considered section by section. Numerous amendments were proposed, several of which were rejected. Of those that have been adopted some merely change the phraseology of certain sections without altering their significance. In the by-laws the following changes have been made: In future the meetings of the Society will commence on the third Tuesday in April. This is for the purpose of avoiding meeting on Friday. The selection of the place of meeting will in future precede the election of officers. The most important amendments are those to secs. 5 and 6 of the constitution, which make continuous membership in the local society, where one exists, essential for admission to, or retention of, membership in the State Society. The following are the sections as amended:

SEC. 5. The *qualifications* necessary for membership as an active member of this Society shall be as follows, viz.: the acquirement of a regular medical education; a good professional and moral standing in the community where the candidate resides; [continuous] membership in the local medical society (regular) of his district, county or town, if there be such a one in active existence; the certificate of the Board of Examiners of this Society; a favorable report upon his candidacy from the Board of Censors of this Society; and *bona fide* residence and practice of his profession within the State of California at the time of making his application and for six months previously.

SEC. 6. No member of this Society shall be deprived of his membership, otherwise than by his own act, except by a concurrent vote of three-fourths (¾) of all the members in good standing present at a regular meeting, or at a special meeting called for that purpose, after a full investigation by the Board of Censors, and an opportunity for the accused to be heard in his own defense. Any member, however, may be dropped from the roll of membership for two years' non-payment of dues, and must be so dropped upon the revocation of his certificate, [expulsion by the local society, or by an intentionally permanent withdrawal from the local society, within whose bounds he resides]. And any member may be summarily expelled without a hearing by a nine-tenths vote of all the members in good standing present at a regular meeting, or at a special meeting called for that purpose, on presentment by the Board of Censors, upon the following grounds: conviction of a felony; wilful fraud in his graduation or in the credentials on which he was admitted to membership; an openly immoral life; public conduct of extreme indecency, viciousness or cruelty; or such other notoriously irregular conduct as a citizen or a physician, as would make his presence undesirable in the interests of public or professional morality or decency.

Hydatid Mole.—DR. W. F. MCNUTT, of San Francisco, presented an interesting specimen of hydatid mole. The case was unusual in the fact that the decidua accompanied it. The symptoms in this case had been those of extrauterine fetation. Laparotomy was performed, and it was found that the whole tumor mass was within the uterine wall. The wound was closed, the cervix was subsequently dilated and the mass removed. The peculiar circumstance in the case was that the tumor grew toward the right, while the uterus developed toward the left, leaving a well marked sulcus between them. He believed that at first it had been *intramural*, and that absorption of the inner wall had taken place.

EVENING SESSION.

Actions for Malpractice.—DR. C. N. ELLINWOOD, of San Francisco, said that those present were probably aware of the efforts recently made to procure some protection for physicians in actions for malpractice. These efforts had been unsuccessful. He would now move that a committee be appointed to correspond with other States in the Union where such statutes exist, with a view to reporting some feasible measure at the next meeting of the Society. The motion being adopted, the President appointed the following committee: C. N. Ellinwood, Walter Lindley and H. J. Crumpton.

Installation of Officers.—The business of the evening having been concluded, DR. JAS. SIMPSON, the retiring President, addressed the Society. He said that in resigning the responsibility with which he had been entrusted, he had only to say that he had done as well as he could. The Society had elected as his successor a gentleman from that section of the State that is growing so rapidly in population and prosperity. Dr. Lindley's ability as a writer was well known, while his prominence in Southern California as a practitioner, justly entitled him to the position to which he had been elected. In conclusion the speaker said: I predict that this Society will, through the coming year, grow more rapidly. It wants continual individual effort. It wants every man in every county and every town, to interview those who go to the Legislature as to the necessities of the public and of the medical profession. We work, not for ourselves. How many spend the dreary dark hours of the night without hope of reward, for the interest of the public at large? Few know it except those who have spent years and years in the professton. I say if we succeed in banding ourselves together and interviewing each delegate before he is elected to the Legislature, and securing his pledge that he will do what we ask of him, and we will ask nothing that is not just and fair, we will succeed in passing at the next session of the Legislature those measures which we require and which are required for the public as well.

DR. WALTER LINDLEY, the President-elect, said that he thoroughly appreciated the compliment which had been paid to the southern section of the State. He felt that it would greatly redound to the advantage of the Society. There were in Los Angeles alone, 174 regular physicians, and the remainder of Southern California had the same proportion. He believed that three-fourths of these would be glad to join the Society when it met in their midst. He thought that the next meeting would do much to unite the profession more firmly, and to abolish any sectional feeling which might exist. He was heartily in favor of some action being taken in regard to malpractice and expert testimony. It was much better to spend money in this direction than in prosecuting quacks, not because that should not be done, but because it was usually futile. Hereafter we would do well to stand together, as we have to some extent in the past, and see that justice is given to our fellow members. I trust that all who are requested to take positions on committees will give the matter serious thought before answering. There are members enough in this Society, who will work, to fill those committees, and I hope that each one of you will answer promptly whether you will or not, and if you accept, that you will come down to Los Angeles and help to make the next meeting successful. In conclusion he thanked the members of the Society for the honor they had conferred upon him, and said that he would do his best to accomplish all that was expected of him. He assured them of a hearty welcome in Los Angeles, and he hoped that all would be present.

New Members.—At the different sessions, the following were duly elected members of the Society:

Adams, A. L.
Babcock, W. D.
Barbat, J. H.
Baum, R. W.
Bazet, L.
Burns, M. W.
Caldwell, E. K.
Cameron, J. S.
Cason, G. D.
Cochrane, W. G.
Davis, H. H.
D'Evelyn, F.
Downing, W. G.
Ellis, H. B.
Frisbie, L. C.
Grant, C. F.
Grenville, O.
Haynes, J. R.
Heerdink, J. W.
Hickman, W. S.
Kelley, T.
Liliencrantz, A.
McMahon, J.
Mountain, N. W.
Pelham, J. E.
Russell, N. S. F.
Sargent, J. S.
Shiels, G. F.
Sprague, W. P.
Stillson, H.
Tebbetts, J. H.
Wagner, H. L.
Webster, L. R.
Wrenn, J. Q.

THE EXHIBITION.

The spacious room adjoining the hall in which the sessions of the Society were held, was taxed to its utmost capacity to accommodate the increasing number of exhibitors and the more pretentious character of the exhibits. A lively interest was manifested in everything shown, and the growing popularity of this feature will demand extensive accommodation at future meetings.

The Charles H. Phillips Chemical Company—Exhibited their standard preparations, including milk of magnesia, wheat phosphates (acid), syrup of wheat phosphates, palatable cod liver oil emulsion, digestible cocoa. These preparations have been so long before the profession that any further reference is unnecessary. Their digestible cocoa was served constantly during the meeting; a very agreeable and practical method of testing its virtues.

Fairchild Bros. & Foster—Had a good exhibit, including their principal preparations. Peptogenic milk powder was shown, as well as the process of making "humanized milk." A liberal supply of the finished product being on hand for inspection and sampling. Essence of pancreas and its action on starch was practically demonstrated. The essence of pepsin used in the preparation of junket was shown, and the latter was freely furnished for the refreshment of visitors. The digestive tablets, a full line of which were exhibited, were in great demand as samples. These have lately been reduced in price, which will still further tend to popularize an excellent and convenient remedy. In connection with the vexed question of pepsin strengths, a test made by Wakelee & Co., of San Francisco, April 17th, 1889, attracted much attention. This test is the same as that published by Messrs. Fairchild, and conforms to the United States Pharmacopeia. There were the familiar four bottles, one containing the undigested egg albumen and the others a varying quantity of undissolved albumen. The Fairchild pepsin was well ahead of even its closest competitor.

Searby's Hospital Bed Pan.—The "Hospital Bed Pan," with which we trust every physician on this coast is familiar, was on exhibition. This excellent article cannot be too highly praised. It is convenient, cleanly, effective, unbreakable and economic. The spilling of the discharges, so annoying a feature in the ordinary bed pan, is with this an impossibility. When used as a receptacle for hot water in vaginal douching, ample freedom of access to the parts is provided, while its capacity is rendered unlimited by the attachment of a syphon outflow. We notice with pleasure that the "Hospital Bed Pan" has been included and illustrated in the recently issued edition of the "American Armamentarium Chirurgicum," and we are gratified to learn that a good sale for the article has developed east of the Rocky Mountains. The most significant statement that can be made is that the supply barely equals the demand.

Caucasian Kephyr—Prepared by the Caucasian Kephyr Mfg. Co., of San Francisco, was exhibited. It is described as "a product obtained from pure unadulterated cow-milk, by the aid of a special ferment called 'the grains of the Prophet.' These grains represent a Zooglea of two different inferior organisms combined into a mutualistic colony." Practically it is only concentrated natural kumyss.

Fougera & Co.—Through their local agents, exhibited a full line of the elegant French pharmaceutical specialties of Rigaud and Chapoteau, of which they are the sole importers.

Dios Chemical Co.—Of St. Louis, showed their new preparations Dioviburnia and Palpebrin; the former a uterine tonic and alterative, and the latter an application in catarrhal ophthalmic conditions, the indications for which are fully set forth in the literature which was distributed with their samples.

Tarrant & Co.—Had a very tasteful exhibit, showing the original and only genuine Hoffs' Malt Extract and the even better known and more generally used Seltzer Aperient.

Wm. R. Warner & Co.—We are glad to notice, had a larger exhibit than at the last meeting. In addition to many excellent preparations, there was shown a full line of effervescent mineral salts, representing all the best known mineral springs, an elegant and palatable way of administering these agents. Parvules, which this firm has made a specialty, and that most grateful preparation, caffein and bromide of soda, were also included.

Horlick Food Co.—Exhibited Horlick's Food for Infants, as well as Malted Milk, which, though recently introduced, has come into general favor. In addition to their dry extract of malt they showed a new preparation, "Diastoid," a product of the germination of cereals, which possesses the ability to digest thirteen times its own weight of starch. It is used as an addition to starchy foods for young children, and is intended to replace the use of pepsin in certain dyspeptic conditions.

Reed & Carnrick.—Exhibited all their well-known products: soluble food, in the manufacture of which they have recently made important improvements; beef petonoids; liquid peptonoids in every combination, and peptonized cod liver oil. A new preparation, pancrobilin, in liquid and pill form, was also shown. Theoretically, this is an ideal preparation, and its practical use supports the claims that have been made for it. It is indicated in the treatment of intestinal digestion, and as the pills are keratin coated, their field of action is limited to the exact locality which it is intended to reach. We also noticed, amongst the novelties, their phospo-caffein comp.; this effervescent salt contains phosphorus, caffein, antipyrin and celery, a very ingenious combination. It is recommended in nervous headache, and in that type from which our profession frequently suffers, and the personal experience of physicians has demonstrated that it is very reliable.

John Wyeth & Bro.—Occupied the position at the head of the hall which they held last year, and their exhibit was perhaps the most handsome of any. They showed all those reliable preparations with which the profession are familiar, and we will therefore note only the newer products. Amongst these were alkaline, antiseptic tablets (Seiler), a local application in catarrhal conditions, iodol suppositories, and many additions to their compressed tablets. These include a tablet of cocaine for making extempore solutions, and that fiery preparation, "Sun Cholera Mixture," safely enclosed in a harmless sugar coating. This coating has been adapted to many of the tablets, and is a great improvement. The firm are now coloring sugar-coated pills containing poisonous ingredients *red.* They are also preparing boracic acid in an impalpable powder which will be very vauable in surgical practice. The bichloride tablets were as usual in great demand. We observed, though it was not stated to be part of the exhibit, that a certain excellent brand of cigar was open to inspection, while a very reliable wine, which, it was alleged, is used in the preparation of their elixirs was pronounced by good authorities to be an excellent "sample."

Wm. H. Schieffelin & Co.—Exhibited only by sample; specimens of many of their pills being open for inspection.

Armour & Co.—Of Chicago, exhibited a beef extract in solid and liquid form. This has been very recently placed upon the market, and the firm, who have an international reputation in their line, have now branched out in another direction. It is undeniable that their facilities for obtaining first-class raw material cannot be surpassed, and we may also assume that with their reputation, they could not afford to place an inferior article upon the market. The extract was prepared and served to all who desired. It is certainly palatable and quite free from that peculiar burnt taste which characterizes similar preparations. The small quantity employed in preparing a cup full of the fluid shows that it is a very concentrated nutriment.

Wm. S. Duncombe & Co.—Showed a variety of books, surgical apparatus and instruments.

The J. P. Bush Mf'g Co.—Showed "Bovinine," the well-known fluid animal food, samples of which were freely supplied. This firm had taken rather an unfair advantage of other exhibitors, in the person of their charming representative, who succeeded in rendering the exhibit a continued centre of attraction, and in procuring the autographs of a majority of the members in support of her claims for this preparation.

Langley & Michaels—Had the largest exhibit, occupying one-third of the centre of the room. The majority of the preparations shown were home manufacture. We noticed a fluid extract of ergot, claimed to contain more ergot than "Squibb's;" a liquor ferri iodidi for making syrup of the iodide of iron, and a new preparation, "zinc base," consisting of oxide of zinc and lard, which is guaranteed not to become rancid. The Upjohn pill was also shown.

Redington & Co.—The pioneer manufacturers on this coast, had secured a point of vantage at the very entrance of the hall, thereby obtaining the first and final attention of every visitor. This exhibit combined instruction with display; many of the crude drugs from which the finished products are made being shown in original packages, the stand in fact being embowered in Honduras sarsaparilla. Beautiful specimens of pure crystalized salts and powders and solid extracts, for dispensing, of which this firm has made a specialty, were shown. The ever-needed test papers, a useful blotter and a handsome souvenir card were available for distribution.

Miscellaneous.—Axtell and Wyeth showed an odorless commode with a water seal, which effectually prevents the escape of any smell. The article is made of galvanized iron, and is light and convenient. The Helvetia Milk Co. had their Highland brand condensed milk on exhibition. This is prepared without any cane sugar, 14 per cent. of milk sugar being added. It pours readily from the can, is but little sweeter than ordinary cow's milk, and quite free from the usual starchy taste of these preparations.

A Presentation.—On the third day of the exhibition DR. H. H. HART, the Chairman of the Committee of Arrangements, was presented with a handsome gold headed cane by the representatives of the various firms. The presentation was made by DR. W. C. WELCH, the fluent representative of the Chas. H. Phillips' Chemical Co., in a neat and appropriate speech.

SPECIAL CORRESPONDENCE.

MUNICH.

Maternity Hospital of Munich.

The name of Winkel, director of the Munich Clinic, has long been known in obstetrical literature. His latest work, "Childbirth, with the Pathology and Therapeutics of the Puerperal State," published last November, has advanced him among the foremost obstetricians of the day. He is a well-preserved man, of middle age. He speaks English fluently, and receives visiting medical men very kindly.

The Maternity, or Frauen Clinic, averages about 900 cases of labor yearly—not a large number, but furnishing plenty of material for the careful records and systematic examinations insisted upon by the eminent professor in charge. Besides childbirth, cases of all diseases of women are found within its walls. The staff consists of Prof. Winkel and a corps of 25 assistants, divided into first assistants and volunteers, the latter numbering at present 20, mostly foreigners, American, English and Japanese predominating. They rank according to length of service. It is to this corps that the best opportunities are afforded. Most of them live in the hospital and are privileged to see, assist or take charge of cases. The first month is spent in the wards of new-born children. In the second month the volunteer is allowed to make examinations on pregnant women before labor. In the third month he assists or conducts normal labors. In the fourth month they have charge of women during the puerperium. After this they are listed in the Polyclinic, where their services can be had by midwives or outside practitioners, and within the Maternity they are given charge of difficult cases of labor. Should any member of the staff handle a pathological specimen or attend an autopsy, two days must elapse before he is allowed to make a vaginal examination on a pregnant or parturient woman. Cleanliness, with Winkel, is the great desideratum, his only antiseptic being a 5 per cent. solution of carbolic acid, which is mostly used in rinsing the hands after a thorough washing. I have mentioned Winkel's kindness in receiving foreigners, and it may be said that he favors them. The volunteer assistants procure their places by writing some months in advance. One of them, an American of my acquaintance, whose experience includes maternities in London, Paris and Vienna, refused last week an appointment in the Rotunda Hospital, Dublin, the work here being so profitable.

Class work is conducted as follows: From 10 to 11 there is a lecture on some branch of obstetrics; this is followed by the clinic from 11 to 12. At least five cases are wheeled in from the wards, the roll is called and a student selected for each case. He examines, questions, gives his diagnosis and treatment before the class, and it is discussed by Winkel. From 12 to 1, about ten students, also selected by roll call, accompany the Professor through the wards, making examinations on pregnant women. Gynecological operations are taken up during the afternoon hour. Such is an outline of obstetrical work at Munich. At Vienna more cases can be seen, but the larger number of students precludes one from fully profiting thereby, unless at considerable expense.

Through the kindness of Prof. Winkel, I was enabled to attend a very interesting autopsy upon a woman who had died eight days after rupture of the uterus. The following is the history of the case: A healthy middle-aged multipara was brought to the Maternity on the evening of February 18. Three hours previous to admission, after unusually hard pains, with a large child, first face presentation, the uterus ruptured. There was severe pain in the right iliac region, hemorrhage and loss of all contractile power. The pulse was 85 and still good when she was placed on the operating table. Abdominal section showed that the peritoneum was torn extensively on the right side. The child, which was dead, was lying, with the placenta, completely outside the uterus, while a longitudinal "L" shaped rent was apparent from fundus to neck. Ligatures were placed upon the uterine arteries, a rubber ligature thrown around the cervix, and the remainder of the uterus cut clean away. The peritoneum where torn was carefully sewed with silk, and the uterine pedicle was covered in by peritoneum. The only antiseptic used was a 5 per cent. carbolic solution for hands, sponges and instruments. The abdomen was closed by separate catgut stitches for peritoneal and muscular coats. No drainage tube was inserted. The operation lasted 45 minutes. Patient rallied well from the ether. No rise in temperature. Pulse 95, and strong. She ate and slept well for four days; only slight pains; no fever. On the sixth day there was a rise in temperature, increase of pain, tympanites and on the eighth day collapse and death. A *post-mortem* examination showed good union of the abdominal incision. In the peritoneal cavity on the right side there were dark reddish discolorations, fibrin formations and a small quantity of pus. The tear in the peritoneum had healed perfectly except at several points where the ligatures had passed. Here perforations the size of a millet seed existed, and pressure on the abdominal wall produced an oozing of purulent material. The muscular wall at this point seemed infiltrated with pus, and at the base and right side of the bladder the muscular coat had disappeared in the purulent matter. The noticeable features in this case were the extensive lacerations to the uterus and peritoneum, the favorable condition of the patient up to the sixth day, and the extensive infiltration of the abdominal wall on the right side, with an almost perfect healing of the torn peritoneum and abdominal incision. Two interesting questions in this case are: (1) would a drainage tube have been of any benefit? (2) had one been employed as nothing would have exuded, and the patient's condition up to the fifth day was so favorable, would it not then have been withdrawn? In view of the unfavorable result, would not this withdrawal of the tube have been regarded as nullifying the rule of Lawson Tait, to leave the tube only so long as matter exudes? G. L. SIMMONS, JR.

MUNICH, February 26, 1889.

GULF OF SUEZ.

This letter was not written for publication, but there is so much in it that is of general interest, that we have taken the liberty of publishing the greater portion of it.

After a rough passage across the Pacific, during which there were several accidents amongst the crew and passengers, we landed in Yokohama in sixteen days. From that port we visited Tokio, the Capital of Japan, with a population of 1,555,000, Utsinomeya and Nikko, the beautiful summer sanitarium. At Tokio I visited several hospitals and the medical college, the only one in Japan which is authorized to grant the degree of M. D. It has a full corps of European and native professors, most of them holding European degrees. The curriculum provides for six years of study. There are seven other schools in Japan which are recognized by and receive support from the government. They have a course of four years, and grant only a license in medicine and surgery. All these diplomas entitle the holders to practise in the Empire. There are, besides, about thirty private schools which are not recognized, and whose students have to pass an examination before a government board before they can practise. Many of the dead are cremated, hence anatomical material is not always plentiful. I saw a great deal of hospital work that is most creditable to the country and to the profession. We visited Kamakura, one of the ancient capitals, Yokichi, Lake Bewa, Kioto, the recent capital, and then from Kobe, an important open port, we went through the beautiful inland sea to Nagasaki.

Owing to circumstances, we were unfortunately only able to spend a few days in China. Canton, a typical Chinese city, lies about ninety miles up the Pearl river. It has a population of 1,600,000, besides a "floating population" variously estimated at from 160,000 to 800,000, who are born and reared, and who die without knowing any other home than the *sampans* on the river. The streets of the city are narrow, from four to eight feet in width. The buildings are narrow, with the ends opening on the streets, and from two to four stories in height. The projecting signs and eaves frequently shut out the light of day. There are no sewers, and ever and anon, the ubiquitous coolie, with his bamboo pole and two buckets, steps aside into the open store to make way for the traveler in his sedan chair, whose nostrils are steeped in the odor of "night soil," which is thus transported into the interior for fertilizing purposes. The only medical college in China was organized at Hongkong, in 1887, with a corps of European professors, including one educated native. The medical missionaries throughout the Empire have been doing good work, establishing hospitals and training natives. Prominent among these is Dr. J. G. Kerr, at Canton.

From Hongkong we went to Singapore, seventy miles north of the line, where the temperature is high and the rains fall several times every day. It is a beautiful place, with its fine public buildings, its handsome botanical gardens, bright tropical flowers and rich evergreen foliage.

Our next halting place was Penang, whose population is about half Chinese, and for which very little can be said.

We then proceeded to Colombo, where for ten days we enjoyed Bishop Heber's "Ceylon's spicy breezes." Kandy, the former capital, and Newra

Eliya, the sanitarium, are places of interest to the traveler. At Kandy I visited the hospital, and was pleased with its general appearance. It is erected on the pavilion plan, kept clean and supplied with an abundance of pure mountain water. In Colombo I also visited the hospital and medical college.

From here we proceeded to Calcutta, the capital of British India, located on the Hoogley river, 100 miles above its mouth. The weather was warm, but not uncomfortable. Besides taking in the "sights," which claim the attention of travelers generally, I visited the hospitals and medical college. I went through the cholera wards, where there were patients in all stages of the disease. The medical treatment in the earlier stages consisted chiefly of astringents; and in the later, of stimulants. I visited the "burning ghats," rude crematories, where I witnessed, on one occasion, nine bodies submitted to the process of incineration; all these had been cases of cholera. From here our first excursion into the country was to Darjeeling, a sanitarium in the Himalayas, at an altitude of 7,000 feet. The first 300 miles of the road was through a broad fertile plain, planted chiefly to rice, wheat and vegetables. During the last fifty miles, the altitude rises from 200 feet to 7,300. The road is very tortuous, having four loops, the shortest radius of which is fifty feet, and four "switchbacks." The steepest gradient is 1 in 21. The track is two feet wide between the rails, and the cars are twelve feet in length. Many of the mountains are terraced to the summit and planted to tea. At Darjeling we rode out to the "hill," seven and a half miles away, and which is 8,300 feet in height, to get a view of the wonderful treasures of snow. Kinchinganga, 28,000 feet above the sea level, and Mt. Everest, 29,002 feet. When "old Sol" finally came and lifted the clouds from their stately brows, we beheld them in all their majestic beauty, clad in priestly robes of eternal snow. We returned down the frosty trails, urged on by the piercing air from the banks of snow, and satisfied with our morning's work, having seen the highest mountains on the globe.

Our next excursion was to Benares, the sacred city of the Hindoos, on the banks of the Ganges, down which float the corpses of pious and deluded worshipers, hoping thus to gain the portals of heaven. We had a row on the river in the early morning, when thousands of men and women come to bathe their swarthy skins in its holy waters. We visited its many temples, and bazars, and, through the courtesy of Dr. E. J. Lazarus, enjoyed an elephant ride through its narrow streets. We next visited Lucknow, one of the principal theatres of action in the memorable mutiny of 1857. England merits the commendation of all civilized nations for the chaste and lavish manner in which she has perpetuated the memory of her dead heroes on this field of battle. Cawnpore, too, came in for her share of our time, and then we went to Agra, the beautiful. There are many palaces and tombs here which excite the admiration of the visitor, but the "chiefest of them all" is the Taj Mahal, erected by Shah Jehan, at a cost of millions, to the memory of his best loved wife—a rare virtue in an oriental. I visited the hospital and medical college at this place and found them quite equal to my expectations. The school gives a four years course, requires a matriculation examination, and grants no degree; in fact, its chief object is to train students as hospital assistants. We also visited a public school, and a school for orphans, where all the useful trades are taught. We next went to Delhi. She, too, was a point in the mutiny, as her battered walls, ruined arches and broken gateways fully attest. We visited her palaces, her tombs, her ruins, her towers and pillars, some of which date back in history before the Christian era. Outside of the city walls there are the ruins of ancient cities extending over sixty square miles.

From here we went to Jeypore, reported to be the richest state in all India. We visited the bazars, the Rajah's palace and his stables, where are kept three hundred horses for his private use. By means of carriages and elephants in turn we visited Amber, the ancient capital, where still stands the palace in a tolerable state of preservation. Our next and last objective point was Bombay, from a European standpoint the finest city in India. Here the hospitals and colleges are all old buildings, having been erected in 1845, and are not equal to the requirements of the present day. The course in the college is five years; anatomical material is plenty, the clinical facilities good, and the classes large. Both sexes are admitted and the women stand high in their classes. This college, one at Lahore, one at Madras, and one at Calcutta, comprise the number which grant the degree of M. D.

Before the Christian era, and the advent of Buddhism, the Indians had a system of medicine. They dissected the bodies of animals offered in sacrifice and demonstrated surgical operations on models of wax. But this branch of their knowledge of science gradually faded out, and when the British came into possession *practice* was confined to the few who had inherited the talent. Occasionally we still see the sign, "Bone-setter." In this land of wonders we have seen one religious sect burning their dead, another submerging them beneath the waves of the Ganges, and in Bombay there is a large population of wealthy Parsees who submit their dead to "hungry vultures." With proper ceremonies the naked bodies are placed in the well of the "Tower of Silence," when the waiting birds swoop down and in a few hours the bones are all that remain.

R. H. PLUMMER.

S. S. Sutlej, lat. 27° 10′ N., long. 34° 17′ E.

OBITUARY.

Dr. William A. Douglass.

On the 26th of March, 1889, PROF. WILLIAM A. DOUGLASS passed away. He was for a great many years one of the foremost practitioners of medicine and surgery in the State of California. He was born in Virginia, on the 23d day of June, 1825. His father was a jurist of great eminence, the family occupying an eviable position in the community in which he was born and raised. Dr. Douglas commenced his medical studies in Baltimore, finally graduating in the city of Washington, during the year 1850. The practice of his profession was begun in his native State and was continued there until the desire filled him to emigrate to California, which he did in 1854. After a sojourn in San Francisco, of one year and a half, he traveled to China, where he pursued his calling for a long time. Returning again in 1858, he commenced that round of arduous labor, which was unceasingly kept up, for he never allowed himself a day's vacation until disease made its terrible inroad upon his wonderfully robust constitution. Even then the invincible will and energy of the man was demonstrated by the manner in which he kept at his professional duties until he was compelled to take to bed for the last time. His sufferings, intense as they must have been, were relieved by death after three days of uninterrupted torture, the immediate cause of his demise being the rupture of an aneurism of the thoracic aorta. Dr. Douglass was for many years an enthusiastic teacher of anatomy, and probably many of those who were fortunate enough to profit by his learning, remember the kind and cheering words he knew so well to bestow, and always at the right time. He afterwards filled the chair of clinical surgery in Cooper Medical College, and at the time of his death was Emeritus Professor in the same institution, visiting daily the City and County Hospital, of which he had been visiting surgeon for twenty years. He served the people for six or seven years as an honored member of the Board of Health of San Francisco, resigning his position before his term had expired. In conclusion I will quote a sentence I once read in an obituary notice, as beautiful as it is applicable to this good man who has just cast off his burden and fallen into deep sleep and everlasting peace: "If tender regrets, kind memories and grateful recollections could build his monument, no man's would rise higher."

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PAMPHLET NOTICES.

First Annual Report of the Board of Health of the city of San Diego, for the year ending December 31, 1888.

This neat volume of ninety pages, in addition to the report of the Health Officer, Dr. Gochenauer, includes a great deal of statistical information regarding that flourishing city. San Diego has a good water supply and a good system of sewerage, two important factors in maintaining a proper sanitary condition, In other respects the city is very favorably situated, and when efficient supervision is exercised, we shall expect a minimum death-rate from zymotic diseases. As in all places where sanitary reforms are being inaugurated for the first time, Dr. Gochenauer has to complain of the indifference and neglect of the inhabitants, but these are faults remediable by time. If the reports of this department have been so successful, as we infer, in encouraging immigration, the appropriations for its support, in this excellent work, should be exceedingly liberal.

Nouveaux Faits Confirmant l'éfficacité de l'Èlectrolyse Linéaire dans le Traitement des Rétrécissements de l'Urèthre. Dieuxième Mémoire par le Dr. J. A. Fort.

In this second memoir Dr. Fort repeats the arguments contained in his first brochure, and publishes several additional cases. His method consists in the production of what might be termed a linear electrolytic incision. The instrument employed resembles Maisonneuve's Urethrotome. It consists of a slender metalic rod, carrying a platinum blade; this rod is surrounded by gutta percha, which is continued beyond the blade so as to form a filiform bougie. The instrument is therefore in one piece. He believes that this method is superior to any other in the treatment of strictures, and when properly used presents the following advantages: (1) It is not painful; (2) It is rapid; (3) It is not accompanied by hemorrhage; (4) Confinement to bed is not necessary; (5) It does not require the constant passage of a sound; (6) Consecutive accidents are rare; (7) Relapses are infrequent.

BOOKS AND PAMPHLETS RECEIVED.

Pulmonary Consumption considered as a Neurosis, by Thos. J. Mays, M. D. [Reprinted from the Therapeutic Gazette.]

Success and Failure of Electrolysis in Urethral Strictures, especially Dr Keyes' Method, Reviewed. By Robert Newman, M. D. [Reprinted from the Philadelphia Medical Times.]

Osteotomy for Anterior Curves of the Leg, by Forest Willard, M. D. [Reprinted from the Medical and Surgical Reporter,]

The Cortical Localization of the Cutaneous Sensations, by Charles L. Dana, M. A., M. D. [Reprinted from the Journal of Nervous and Mental Diseases.]

Exploration of the Chest, in Health and Disease, by Stephen Smith Burt, M. D., Professor of Clinical Medicine and Physical Diagnosis, in the New York Post-graduate Medical School and Hospital, etc. New York: D. Appleton & Co., pp. xiii—206.

The Electrolytic Decomposition of Organic Tissues, by George H. Rohé, M. D.. [Reprinted from the New York Medical Journal.]

A Defence of Electrolysis in Urethral Strictures, with Documentary Evidence, by Robert Newman, M. D. [Reprinted from the Medical Register.]

International Pocket Medical Formulary, with an Appendix, by S. Sumner Witherstine, M. S., M. D., Associate Editor of the Annual of the Universal Medical Sciences, etc. Philadelphia: F. A. Davis; price, $2.00.

Experimental Researches Respecting the Relation of Dress to Pelvic Diseases of Women, by J. H. Kellogg, M. D. [Reprinted from the Transactions of the Michigan State Medical Society, 1888.]

A New Form of Posterior Colporrhaphy, by J. H. Kellogg, M. D.

The Philosophy of Memory, by D. T. Smith, M. D. [Reprinted from the Practitioner and News.]

The Tribune Annual, issued by the Los Angelos Daily Tribune.

Handbook of Materia Medica, Pharmacy and Therapeutics, compiled for the use of students preparing for examination. By Cuthbert Bowen, B. A., M. D.; pp. vi—366. Philadelphia: F. A. Davis; price, $1.40.

Bright's Disease of the Kidneys. by Alfred L. Loomis, M. D., LL. D., Professor of Pathology and Practice of Medicine, New York University Medical College; Visiting Physician to Bellevue Hospital, etc. Physician's Leisure Library. Detroit: Geo. S. Davis; cloth, 50 cents; paper, 25 cents.

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At a regular meeting of the Board of Examiners, held April 3, 1889, the following physicians were granted certificates to practise medicine and surgery in this State:

Warren Bateman Brown, San Luis Obispo; Starling Med. Coll., Ohio, March 9,'88.
Wm. Thos. Dalby, San Francisco; Omaha Med. Coll., Neb., March 26,'85.
Henry Bertrand Ellis, Los Angeles; Coll. of Med. of the Univ. of So. Cal., April 11,'88.
Lula Talbott Ellis, Los Angeles; Coll. of Med. of the Univ. of So. Cal., April 11,'88.
Ernest Wm. Fleming, San Bernardino; Med. Dep. Univ. of Mich., June 23,'85.
Christopher Columbus Gleaves, San Francisco; Northwestern Med. Coll. of St. Joseph; Mo., Feb. 26,'89.
John N. Hudson, Ukiah; Nashville Med. Coll., Tenn., Feb. 26,'78.
Louis A. Kengla, San Francisco; Med. Dep. Univ. of Georgetown, D. C., April 27,'86.
William Martin, San Francisco; Med. Dep. Univ. of Louisiana, March 20,'74.
Robert R. Michael, Eureka; Coll. Phys. and Surgs. Chicago, Ill., Feb. 28,'88.
Nathaniel Rosencrantz, San Francisco; Cooper Med. Coll., Cal., Nov. 13,'88.
Edmund Ogden Sawyer, National City; Starling Med. Coll., Ohio, Feb. 26,'80.
Henry Werner, San Francisco; Rush Med. Coll., Ill., Feb. 21,'88.

CHAS. E. BLAKE, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from March 17th, 1889, to April 17th, 1889.

Curtis E. Munn, promoted from assistant surgeon to surgeon, with the rank of major, to rank from March 29, 1889.

1st Lieut. Charles E. Woodruff, assistant surgeon, is relieved from duty at Fort Mackinac, Mich., and ordered to Fort Gaston, Cal., for duty. Par. 14, S. O. 86, A. O. G., April 13, 1889.

Official List of Changes in the Medical Corps, U.S. Navy (Pacific Station), from March 20th to April 20th, 1889.

Medical Inspector C. H. White, Fleet Surgeon Pacific Squadron, Assistant Surgeon Stephen S. White, Surgeon H. P. Harvey, P. Assistant Surgeon F. J. B. Cordeiro, officers of the naval vessels wrecked at Apia, Samoa, ordered to the United States.

Passed Assistant Surgeon F. J. B. Cordeiro, to Naval Hospital, Mare Island, California, and thence to his home, and "sick leave."

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service (Division of the Pacific) for the three weeks ended March 17.

Surgeon H. W. Sawtelle, ordered to U. S. Marine Hospital, Portland, Maine, when relieved.

Surgeon P. H. Bailhache, relieved from duty at Philadelphia, ordered to U. S. Marine Hospital, San Francisco.

ITEMS.

International Congress of Hydrology and Climatology.—The Second International Congress of Hydrology and Climatology will be held in Paris Oct. 3d to 11th, 1889. All those who are interested in these subjects are invited to attend. The fee for membership will be twenty francs. All communications should be addressed to the Secretary-General, Dr. F. de Rause, 53 Avenue Montaigne, Paris.

An Army Medical Board.—The Board, to which we have already called attention, will be in session in New York, from May 1st to May 31st. Information regarding the examinations and their nature may be obtained by addressing the Surgeon-General U. S. Army, Washington, D. C. There are at present seven vacancies in the Medical Corps, to which one more will be added in July, making eight appointments which are to be recommended by this Board.